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ABSTRACT

The National Center on Child Abuse and Neglect funded a project to develop and field-test an evaluation procedure that could be used by interested states or communities to determine the extent of congruity between (1) their provisions for responding to the problems of child abuse and neglect, and (2) provisions prescribed in the Federal Standards on the Prevention, Identification, and Treatment of Child Abuse and Neglect. Assuming the reader's familiarity with the 1976 federal standards, volume 1 of this evaluation report describes project objectives, methodology, and field-testing; presents a recommended Baseline Evaluation Procedure (BEP); and includes two papers elaborating evaluation issues emerging during the course of the research. Issue papers are entitled "Evaluation of Broad-Scale Service Networks" and "Problems of Estimating Service Accessibility." Also assuming familiarity with the standards, volume 2 presents results of a test application of the BEP in Washington State. Aspects of the standards pertaining to local areas were tested in three counties chosen to represent population variation from the largest to the smallest. For each of the 525 items of the standards, information on the following questions was sought: (1) Was the state of local provision consistent with the standards? (2) If not, in what way did it vary? (3) Were there plans to change current provisions? and (4) What problems would have to be dealt with successfully in order to accomplish the planned changes? The data are presented both in an evaluation summary format for each section of the standards and in their raw form. (RH)

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A BASELINE EVALUATION PROCEDURE
FOR
FEDERAL STANDARDS ON THE PREVENTION,
IDENTIFICATION AND TREATMENT
OF CHILD ABUSE AND NEGLECT*

Volume I

Development, Field Testing and
Recommended Procedure

September, 1977

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PREFACE

This report is the first volume of a three volume report. In Volume I, we describe the project objectives, the methodology, and the field testing; present a recommended Baseline Evaluation Procedure; and present two Issue Papers each of which elaborates an evaluation issue which emerged in the course of the research.

Volumes II and III are devoted to the presentation of the results of a test application of the Baseline Evaluation Procedure in the States of Washington and Iowa, respectively. The data for these States are presented in an evaluation summary format for each section of the Standards and in their raw form.

James R. Seaberg, Ph.D.
Project Director

ACKNOWLEDGEMENTS

The successful completion of any type of research endeavor is typically dependent upon the cooperation and involvement of many persons. The list for this project is lengthy. Credit for envisioning the project and supporting the efforts of the research team is due Douglas J. Besharov, Director, National Center on Child Abuse and Neglect, who also was our Project Officer. We wish to thank Doug for his efforts in our behalf and for his encouragement.

The field testing of the baseline evaluation procedure was critical to this research. We wish to acknowledge the efforts of and thank several persons from each of the cooperating states, Washington and Iowa. In the State of Washington there were several persons at the state-level of the Department of Social and Health Services whose approval and cooperation facilitated the field test in that State. These included: Gerald Thomas, Director of the Bureau of Social Services; William Quick, Chief of the Office of Family, Child and Adult Services; and Gordon McDougall and James Johnston, both Child Protective Services Specialists. We wish to particularly acknowledge the time and effort of Gordon McDougall in providing us with a vast amount of data regarding state level provisions for responding to the problems of child abuse and neglect.

With regard to the State of Iowa field test, we also wish to acknowledge the efforts of and thank several persons. Harry McDaniels, the Region VII Child Abuse Specialist for DHEW, and Charles Abell of the NCCAN Regional Resource Center for Region VII made vital contacts for us as a precursor to obtaining permission from the Iowa Department of Social Services (IDSS) to test the baseline evaluation procedure. Jeanne Nesbit, Program Coordinator for Family Counseling and Protective Services (IDSS) performed three critical functions: (1) she reviewed our proposed evaluation and paved the way for obtaining permission from IDSS to conduct the study, (2) she was one of the prime respondents

in the data collection phase of the project, and (3) she assisted in obtaining the cooperation of local units of IDSS. Others within the IDSS who were involved in granting permission to conduct the evaluation and who helped obtain cooperation at the local level of the organization included: Ross Orr, Chief of the In-Home Services Section; Marv Sammon, Director of the Program Services Bureau; and Joseph Baker, Director of the Community Services Division. To all of the above named persons we express our thanks for their kind cooperation.

Once permission is obtained, data had to be collected. We were particularly fortunate to obtain the services of Linda Hart, a former CPS supervisor, to collect the Iowa data for us. Her knowledge of the Iowa social service system, and her diligent and skillful efforts in collecting the necessary data were ultimately the vital ingredient in the success of completing the Iowa field test. Linda's situation was extraordinary in that she had to operate independently, alone, at a distance of 2,000 miles from the heart of the project.

There were a vast number of persons at the county and community level in both states who provided the project with necessary data. They are too many to mention individually, but obviously without their assistance the project would not have come to fruition. We offer them collectively, our recognition and thanks.

Invaluable contributions to the project were made by several part-time or temporary staff in collecting the data for the State of Washington and preparing the data from both states for the final reports. Barbara Andersen collected all data for Yakima and Grant Counties and assisted with much of the preparation of the final reports. Michelle Bell and Susanne Marten, both doctoral students at the School of Social Work, University of Washington, undertook the monumental task of collecting and summarizing services data for King County. Susanne also coordinated the planning survey and both she and Michelle prepared summary material for the final reports. Linda Eim processed data on state statutes for both states and prepared these and King County court data for the reports.

Of course, no research project could function without the necessary secretarial support. In this regard we wish to thank Bonny Young, our secretary, for her valuable contribution to the project.

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A BASELINE EVALUATION PROCEDURE
FOR
FEDERAL STANDARDS ON THE PREVENTION, IDENTIFICATION
AND TREATMENT OF CHILD ABUSE AND NEGLECT

Volume I

Development, Field Testing and Recommended Procedure

The National Center on Child Abuse and Neglect was established in January, 1974. The legislation which established the Center, P.L. 93-247, contained a mandate for ". . . the development of Federal standards for child abuse and neglect prevention and treatment programs and projects" (Child Abuse Prevention and Treatment Act, 1974). The Federal Standards on the Prevention, Identification and Treatment of Child Abuse and Neglect (1976) were developed in draft form with major input from the Advisory Board on Child Abuse and Neglect which was also formed via legislative mandate and which was composed of representatives from Federal agencies with responsibilities for programs and activities related to child abuse and neglect. Late in 1976 the draft Standards were issued nationally to solicit comment which has recently been incorporated into a revised version of the Standards.

One of the stated objectives in developing the Standards was to ". . . assist communities in evaluating existing efforts and planning new ones" (Child Abuse and Neglect Reports, 1976). This is a report of a research project whose primary objective has been the development and testing of an evaluation procedure which would facilitate the achievement of the evaluation and planning goals related to the Standards.

PROJECT OBJECTIVES

As a means of increasing the utility of the Standards and to a lesser extent as a test of the feasibility of the Standards, the National Center on Child Abuse and Neglect has funded this project to develop and field test an evaluation procedure which could be used by interested states or communities to determine the extent of congruity

between their provisions for responding to the problems of child abuse and neglect and the provisions prescribed by the Standards.

The Standards are not operationalized such that a community or state could easily evaluate its existing provisions in relation to them and use these evaluations for planning new or revised provisions. Consequently, the utility of the Standards is in part dependent upon the development of a viable evaluation procedure with which desired evaluation and planning can be executed in a practical and minimally disruptive manner. That is, a procedure for gathering information pertinent to the Standards must be devised in such a way that a reasonably accurate depiction of statutory and administrative provisions and services can be obtained inexpensively and without unduly interrupting the ongoing efforts.

The need for a feasible technology concerning program evaluation can be further indicated by reference to its potential uses. First, it would allow states and communities to produce a more or less comprehensive picture of their existing efforts. Descriptions of this type, then, would be helpful in identifying missing links and weak spots in the total system. Second, the Standards provide a common denominator facilitating comparisons across communities and states. Such comparisons would provide additional inputs to each state/community allowing them to widen the information base upon which decisions concerning service delivery could be made. Third, use of the same evaluation procedure across states would be likely to increase the speed of dissemination regarding information about program policies and their consequences. This would be particularly helpful in responding to the undesirable and unanticipated consequences stemming from a given policy or program strategy. Fourth, and finally, if used repeatedly over time, the evaluation procedure might facilitate an identification of policies and strategies related to increased effectiveness in preventing and treating child abuse and neglect cases.

OVERVIEW OF THE STANDARDS

This report must assume a first-hand familiarity with the Standards, Federal Standards on the Prevention, Identification and Treatment

of Child Abuse and Neglect (1976). It would be an unwarranted digression to attempt a detailed summarization or representation of the substance of the 236 page document. We do, however, remind the reader of the major topical areas and the presentation format. The October 1976 draft of the Standards is organized into eight major "Sections" dealing with (1) prevention; (2) reporting; (3) state responsibilities; (4) investigation of reports by local agencies; (5) local agency administrative responsibilities; (6) treatment; (7) prevention, investigation and correction of institutional child abuse and neglect; and (8) court procedure. Each Section contains a varying number of "Standards" which are typically general statements of functions or activity. Each "Standard" is followed by a varying number of "Guidelines" which are more detailed and specific statements of function or activity relevant to fulfilling the "Standard." As a reminder and illustration of the format, one of the more brief "Standards" and its accompanying "Rationale," "Guidelines," and "Narrative" are reproduced as follows:

"Standard IV C

THE FOCUS OF THE INITIAL INVESTIGATION SHOULD BE TO DETERMINE WHETHER OR NOT THE CHILD IS SAFE AND WHETHER OR NOT THE REPORT IS VALID.

Rational

The investigation of a family pursuant to a report alleging that a child has been abused or neglected may be unpleasant and disruptive to the family. Such action is necessary to ensure the safety of a child.

The purpose of this Standard is to focus attention on the need to establish procedures that will protect the family's privacy and rights and, at the same time, ensure the safety of children. Thus this Standard recommends an initial investigation which would focus on quickly closing any case in which it can be determined that the report was unfounded.

Guidelines

- . One person should be given responsibility for the investigation. This person should be informed about all information in the report and all other sources.
- . The referral and/or reporting source should be contacted for any additional information that can be provided, with emphasis on information which may indicate

that an emergency investigation should be started.
(This action will also provide feedback that the report is being investigated.)

- . Information on prior occurrences of abuse and neglect to the subject child, his/her siblings, or others in the family should be obtained from the Central Register (if it was not transmitted at the time that a case was assigned by the State agency to the local agency for investigation). Except in extreme emergencies this information should be obtained and reviewed prior to interviewing the parents or visiting the home.
- . The child protective worker assigned to the investigation should see the child and ensure that the child is safe and not in any imminent danger.
- . An assessment should be made as soon as possible of the child's home situation, through a visit to the home and through interviews with the parents, caretakers, and others, such as an examining physician, who can be expected to provide pertinent information.
- . When appropriate, a medical assessment should be obtained. And, if it is felt that the child or his/her siblings may be in danger, arrangements should be made to utilize the appropriate emergency services and/or place (or retain) the child (children) in protective custody.
- . If there is doubt about whether the report is unfounded, or whether the report requires additional investigation, the case should be reviewed with the Interdisciplinary Team. See Standard V B for additional information on the Interdisciplinary Team.
- . If the child protective service determines that the report is unfounded, it should:
 - (1) close the case, and,
 - (2) if appropriate, offer services that it thinks could benefit the child or family, for the family's voluntary acceptance or refusal.

Narrative

In implementing this Standard, several items need to be considered. First, many child protective workers will hesitate to close a case within 60 days even in those instances where nothing can be found to indicate that abuse or neglect has occurred. Efforts will have to be made to make all protective workers assigned to investigate reports aware that an investigation is disruptive to both the parent(s) and the child. Prolonging the

investigation prolongs the disruption and it ultimately could be harmful in those situations where abuse or neglect has not occurred.

If information is available about the family from the Central Register or through other sources, it should be used only as a guide and not considered conclusive in the case under investigation. On the other hand, knowing something about the individuals in the family being investigated, before a home visit is made or the parents are interviewed, can be crucial to understanding what is observed. It can help prepare and sensitize the caseworker to already identified problems that the family has had or may be experiencing. Finally, when no information is available on the family from the Central Register or from other agencies, this should not be considered indicative that the current report is unfounded." (Federal Standards on the Prevention, Identification and Treatment of Child Abuse and Neglect, 1976:106-109).

The "Guidelines" or multiple-components thereof were used as the basic units of analysis in the evaluation procedure.

CONTEXTUAL FRAMEWORK

There are several issues worth noting which will help establish a conceptual framework within which to consider the evaluation procedure. The first issue relates to the type of evaluation study which will be the product of the application of the procedure described here and the limits of appropriate generalization to be drawn from the results. Program evaluation has been classified by some methodological discussants into several distinctive forms. For example, Tripodi et al. (1971) suggest three basic objectives of program evaluation: program effort, program effectiveness, and program efficiency. Suchman (1976) proposes five categories of criteria for evaluating the success or failure of a program: effort, performance, adequacy of performance, efficiency, and process. The form of evaluation devised here does not fit into any of these categories. The major distinction is based on the fact that the Standards cannot be assumed to be a priori objectives for state and community programs related to child abuse and neglect. At best, the Standards represent Federal objectives for state and community programs which is a significant departure from the most commonly agreed upon methodological dictum of program evaluation, namely, that those who

are directly responsible for a program set the program objectives. For these reasons we refer to our evaluation procedure as a baseline evaluation. That is, with the input of Federal experts and comment from national and state social service department experts, a set of characteristics representing presumed optimal provisions for response to the problems of child abuse and neglect have been set forth. These become the baseline objectives for which the evaluation procedure has been developed. But, it must be reiterated that these baseline objectives cannot be assumed to be the objectives of state and community officials.

The preceding discussion leads to another important contextual issue. The substance of the Standards is largely concerned with procedural matters in responding to child abuse and neglect. Nothing explicit is stated about the quality of the implementation of these provisions or about their overall effectiveness as might be determined from a wide range of criteria. It seems that at least implicitly the assumption has been made that if the provisions of the Standards were carefully implemented, the result would be an effective response to dealing with the problems of child abuse and neglect as judged by a variety of criteria. The principals of this study affirm that both the issues of implementation and effectiveness must be relegated to the level of assumption rather than fact. The latter must be established through future research. Pressman and Wildavsky (1973) have pointed out the erroneous conclusions which can be drawn when effectiveness is studied without consideration of the quality of implementation. It should also be carefully noted that the baseline evaluation procedure presented in this report does not address either of these issues.

The final contextual issue which will be discussed relates to the effect of the scope and comprehensiveness of the Standards on the form of measurement which can be utilized. A tradeoff is obviously forced between the number of variables included in a study and the characteristics and sophistication of the measures which can be used. More specifically, the fewer the variables, the more measurement can attend to multidimensionality and subtle nuances of selected variables. The greater the number of variables (given the constraints of cost and comparative inobtrusiveness), the more cursory the measures. In the case of

the Standards, operationalizing their substance into measurable variables or items resulted in 525 items for which information must be obtained from a great number of sources. The magnitude of the data collection, analysis and reporting problem, then, virtually dictates a measurement procedure which results in the most fundamental and basic information for every item. In the instance of this baseline evaluation procedure, measurement for all of the items, other than service items, was accomplished by the application of a set of four questions to every item. These are elaborated fully in the next section of the report where the methodology is described. While this methodology was conceived independent of exemplars and based only on the criterion of appropriateness to the problem, subsequent location of attempts to develop evaluation methodologies for problems of similar scope support the appropriateness of the measures used here. The Joint Commission on Accreditation of Hospitals used similar levels of measurement in their Standards for Community Agencies Serving Persons with Mental Retardation and Other Developmental Disabilities (1973) as did the Urban Institute in their initial report on Measuring the Effectiveness of Basic Municipal Services (1974) and with regard to evaluation of child welfare programs in the Local Child Welfare Agency Self-Assessment Manual (Draft) (Turem et al., 1977).

METHODOLOGY

The methodology of this project parallels most closely the characteristics of an exploratory field study. In exploratory studies the basic purpose is to gain familiarity with an area or problem, and develop insight, measures, or hypotheses for further research. The rationale for exploratory and developmental work is that the researchers do not know enough about the phenomena to identify relevant problems, sources of information, and so on. These must be discovered in the course of the research. Although the present study is exploratory, it might be viewed more broadly as an exploratory demonstration.* This is because

*The term demonstration has been employed here to indicate that evidence has been gathered to support the viability of the procedure. Its meaning in this context is similar to Webster's definition of "a showing to a prospective buyer that merits of a product."

the baseline evaluation procedure was tested comparatively in three diverse counties in each of two different states, and apart from service related aspects, the procedure does facilitate the evaluation of existing efforts and summarizes the planning of new ones.

Exploratory field studies, demonstrative or otherwise, have a number of limitations. Perhaps the most important of these is that the findings and conclusions cannot be confirmed without further controlled study, and neither internal nor external criteria of validity are sufficiently met. These criticisms, however, are not too serious; they aim at targets not appropriate to the purpose of exploratory field work (Bruyn, 1963). The purpose of exploratory research is, as mentioned above, to develop insight and direction for further research. The issue for field studies is not how the data were obtained or how typical the units of analysis are, but rather, how the product developed--in this case a baseline evaluation procedure--fits reality.* In view of this modest purpose, it is necessary to describe the approach and steps taken in gathering the data and demonstrating the evaluation procedure.

Procedure Description

The baseline evaluation procedure contains instruments derived from the Standards, instructions for the use of these instruments, and a number of forms to facilitate documentation as specified through the instructions. There are two phases to the evaluation procedure. The first phase is geared to elicit data reflecting consistency or inconsistency with the Standards as well as the nature of the inconsistencies. The data are gathered in response to two basic questions: (1) are existing provisions consistent or not consistent with the provisions prescribed in the Standards? and (2) if existing provisions are not consistent with the Standards, in what ways do they vary? This phase pertains to an assessment of existing provisions.

The second phase documents alternative goals and problems in achieving these goals. As in the first phase, data are generated with reference to two basic questions: (1) are there any plans for changing

*Of course, these questions can be only tested in more controlled and rigorous studies (Glaser and Strauss, 1967).

existing provisions or developing new ones related to [specific themes derived from the Standards]? and (2) to achieve these changes, what problems would need to be dealt with successfully? This phase serves the general function of summarizing planning for new provisions, but it also serves the evaluative function of indicating the relative degree of stability associated with the degree of consistency found to exist during the first phase. For example, an existing system found to be highly consistent with the Standards might be also found to be planning a number of radical changes which, if implemented, might render the system highly inconsistent. On the other hand, an existing system found to be highly consistent with the Standards and content with the present state of affairs, as inferred from there being no plans for change, would indicate greater stability for the phase-one assessment.

The phase-one and phase-two instruments have been designed to the extent possible to remove ambiguities and redundancies contained in the Standards, and to facilitate systematic data collection as well. For the first phase assessment, a number of the guidelines have been subdivided facilitating a straightforward recording of each guideline's consistency or inconsistency.* That is, many of the "guidelines" contain multiple elements which could result in consistency on one element and inconsistency on another. The refined guidelines making up the phase-one instrument tend to mitigate this problem.

The phase-two instrument removes redundancies in the opposite manner from that used in creating the phase-one instrument; the specificity of prescribed objectives are decreased rather than increased. Although this approach submerges specific objectives and may be seen to engender some ambiguity in the sense noted above, this level of abstraction corresponds to the range generally associated with planning and policy. This strategy, of course, is also necessitated by practical limitations; taking the time of important officials to ask numerous very

*The procedure of subdividing guidelines into more specific subobjectives does not remove certain ambiguities; namely those resulting from ambiguous terms such as "adequate service," "representative membership" for a collectivity, and so on. These are discussed more fully in the "problems encountered section" below.

similar and very specific questions would probably alienate most informants, and thus result in distorted or incomplete responses.

Measuring Consistency with the Standards

In the first phase, the Standards are viewed as objectives for the evaluation, and each "guideline" or subobjective has been divided where necessary into identifiable single-element guidelines. For each guideline, a valid data source regarding the provision of elements prescribed is identified. Written documents are preferred sources but strategically located officials also have been located to ensure a complete enumeration of the procedure.* The sources include the legal codes of the state, administrative manuals for designated state agencies, state level administrators responsible for directing child abuse and neglect programs, administrative and training manuals of the local agencies, administrators/supervisors at the local level, professionals and group leaders within the community responsible for preventions, treatment, and coordination among agencies or programs. The relevant source of information regarding each guideline is drawn upon to establish consistency or inconsistency with the Standards. When a guideline is judged to be inconsistent, an additional datum specifying the nature of the inconsistency is recorded. Data Recording Form Q1, Q2 (Appendix A.) illustrates this first phase of the assessment procedure.

The phase-one instrument was derived directly from the Standards. It contains all of the "guidelines" reflected in the Standards. In contrast to the Standards, however, the guidelines listed in the phase-one instrument are arranged in sections differentiated according to the different sources of information. For example, all of the guidelines to be documented through the State Legal Codes are grouped together in the first section of the instrument; those to be recorded through state agency procedural manuals appear in the second section, and so on. This arrangement systematizes the data collection effort. It reduces the likelihood of missing data, multiple contacts with the same source, and

*The rationale for preferring written sources and using strategically located officials is discussed in the section on reliability and validity.

helps keep track of the data collection effort. Within each of the sections, the guidelines have been listed in the same sequence that they appear in the Standards. Each guideline has been labeled with the section number (Roman numerals), subsection designation (capital Arabic letters), guidelines designation (small case Arabic letters), sub-objective elements (Arabic numerals), and the page numbers indicating their location in the Standards. This form of arrangement and labeling facilitates quick and easy cross-referencing between the evaluation instrument and the Standards. The phase-one instrument appears in a later section of this report.

Measuring Stability of Consistency with Standards and Plans for Change

The second phase utilizes survey data from designated sources regarding plans for change relevant to clusters of guidelines and the problems that the same sources perceive as necessary to deal with in order to achieve these goals successfully. Due to the fact that these data involve goals and problems, this phase is necessarily restricted for the most part to eliciting information from human sources. But the evaluation procedure does call for data collectors to request when available copies of planning documents, memoranda, or any type of written evidence to support goal claims or plans for change. The guidelines are clustered with respect to major themes that might serve as areas of planned change within a state, community or local agency. Questions reflecting these themes are listed and presented to a designated informant, one who has been judged as a valid source of information for the specific guidelines subsumed within the major theme. Responses to these more broadly stated objectives are documented by research staff on the Planning Survey Response Form (see Appendix B.).

The phase-two instrument was derived indirectly from the Standards. Unlike the phase-one instrument, it does not contain all of the guidelines per se in the Standards; but it does reflect the major themes contained in the Standards. The guidelines have been grouped together relative to particular themes emanating from the Standards. For example, guidelines III G a-g (pp. 81-83) and VII D a (p. 179) indicate provisions for the use of media, education and training programs to

enhance and encourage identification and reporting of child abuse and neglect, including child abuse and neglect in childcaring institutions. Since each of these specific guidelines relate to the common theme of education for identification and reporting, the phase-two instrument subsumes these into a single question concerning plans for changing existing responsibilities or administrative procedures relevant to these themes. The number of guidelines subsumed within each of the planning questions ranged from 1.1 to 23 with the average of 10.1 guidelines per question. Table 1 shows the number of guidelines per section and subsection, the number of planning questions per section as well as the number of guidelines subsumed within each planning question.

In addition to responses to the thematic questions, the phase-two instrument elicits any written materials reflecting planned changes, and also problems perceived to hinder goal attainment relating to the proposed changes. The written documents help to substantiate the validity of planned changes. That is, real goals as opposed to hopes, wishful thinking, or utopian quests require that intentions regarding some future activity indicate some evidence of movement in the desired direction. Information about the nature of problems likely to be encountered makes it possible to better assess the feasibility of planned changes. Planned changes requiring large financial sums, for example, can be checked out with legislative groups or other bodies responsible for budget allocations to determine whether the change is likely.

Reliability and Validity

Reliability indicates the extent to which measurements are repeatable, either by using different sources to measure the same thing or by having different persons use the same sources to measure something. Validity refers to the relevance of the data. So far as documenting provisions for something, as is the case for the baseline evaluation procedure, written materials are judged to be reasonably reliable and valid. The most likely source of error resides in the interpretation of written materials relative to the Standards. Yet the specificity of the guidelines when broken down into their basic elements reduces the likelihood of misinterpretation or error. To check this reasoning, two

TABLE 1

Number of "Guidelines" per Section and Subsection of the Standards,

Number of Phase-Two Planning Questions per Section

Standard Subsections	Standard Sections								
	I	II	III	IV	V	VI	VII	VIII	
A	23	12	17	8	20	13	23	15	
B	12	13	8	24	7	9	21	3	
C	3	14	6	9	16	9	7	2	
D			10	7	24		15	2	
E			33	9	9			7	
F			16	11				7	
G			13					11	
H			10					6	
I			13					17	
J								6	
K								2	
TOTALS	38	39	126	68	76	31	66	72	522
# of Phase-Two Questions	34	3	12	7	7	34	10	17	

members of the staff independently recorded material from the legal codes of the State of Washington and produced identical assessments for the guidelines in this area of responsibility. For these reasons, we have sought whenever possible to locate and identify written sources of information bearing upon the guidelines. Written sources are also valid indicators of provisions. The evaluation procedure includes recording the exact location of information indicating consistency or inconsistency with the guidelines. In this way, those doubting the validity of provisions for any given guideline may check the source for themselves. For guidelines which we were unable to locate in documents or where there were no available documents, we asked officials to confirm our record search and direct us to a written source if possible.

The reliability of human responses elicited is problematic. The extensive and comprehensive nature of the Standards precluded using different sources to gather information on each guideline, and having different staff members simultaneously record information from the same source was only possible in a limited way with the phase-two part of the assessment procedure. But valid measures tend to be reliable as well (Nunnally, 1967). We thus sought to ensure to the degree possible that the responses received were valid.

Validity was achieved by searching out "strategic positions" relative to various sections of the Standards. By strategic position we mean task role positions located within areas of responsibility (as reflected in the Standards) which were judged to have the most direct line of vision relative to knowing of planning objectives which would change the state of consistency or inconsistency with the Standards. The idea here is similar to the notion of "key informants" as employed in anthropological studies. These strategic positions were initially hypothesized by the research staff. Field testing, of course, resulted in a number of corrections and refinements. These corrections and refinements were achieved by asking respondents whether they perceived themselves (as we had perceived them) to be the most appropriate source for knowing of planning objectives. Respondents (strategic informants) were cooperative and candid. When it was suggested to us that they were not the best source, they generally indicated other possible sources,

and by following-up these other possibilities we eventually established strategic sources for each of the guidelines.

Validity on goals and problems entailed additional considerations. Since the research staff was recording what they thought a strategic official said, the possibility for misinterpretation was greater than in the first phase where the guidelines provide a baseline. Validity here was achieved by listening to the response for each question, summarizing the response as we heard it, repeating our summary to the strategic respondent, and then asking the respondent if we had indeed captured the meaning of his/her response. If the answer was yes, we recorded the summary and judged it to be basically valid. If the answer was no, we repeated the process until a correct summary was achieved.

FIELD TEST SITES

The evaluation procedure has been field tested in the States of Washington and Iowa and in three counties of each state. Within each of these two states a heavily populated county having a large (metropolitan if possible) city, a median-sized county, and a rural county were selected. Field testing across this spectrum of counties and in two states has facilitated development of the procedure such that only minor modifications should be necessary to conduct assessments in any state. The data which has been generated has been extracted or elicited from comparable sources in the different regions.

Selection of the States

It was presumed that different states would present a high degree of variability in their schemes for the prevention and treatment of child abuse and neglect, particularly in terms of the organization of functions and services. In order to develop a viable evaluation procedure, it was thus necessary to bridge at least two different states, preferably ones representing radically different structures. It was initially hoped that field explorations would be grounded in four states, or at least two different states and subsequently tested in a third. But time limitations precluded these strategies. The comprehensive nature of the Standards in conjunction with the exploratory

nature of the project and only six months to devote to field work necessitated limiting the field test to the minimum number of two states.

The considerations involved in selecting Washington and Iowa as the final test states included geographic location, population density, per capita expenditure for social welfare, and progressiveness relative to prevention, identification and treatment of child abuse and neglect.* The first three considerations were proposed by the project team, the fourth by the project officer. A discussion of these considerations is presented in Appendix C. The exploratory nature of the project required flexibility, openness, and close contact to data sources in at least one state. For these reasons, Washington, the home state of the project, was selected. Iowa was selected because it was known to have recently adopted legislation incorporating much of the Model Act which has similarities in content to parts of the Standards.**

Selection of Counties

Negotiations concerning the field sites within Iowa and Washington began with the Department of Social Services (DSS) in Iowa, and the State Department of Social and Health Services (DSHS) in Washington. Mr. Harry McDaniel, the Regional Child Abuse Specialist for Region VII, was very instrumental in assisting us to gain the cooperation of the DSS in Iowa. Mr. Charles Abel of the Region VII Resource Center was also supportive. In Iowa, negotiations were conducted with Ms. Jean Nesbit, Program Coordinator for Family Counseling and Protective Services, DSS, along with several of her superiors. Agreement of three counties as test sites was achieved in early January, 1977. Washington negotiations were conducted with Mr. Gerald E. Thomas, Director, Bureau of

*One indicator of "progressiveness" was a state's adoption of the Model Child Protective Services Act.

**Other states were considered. The atypical complexity of exceedingly large metropolitan areas as well as their distance from Seattle made these undesirable test cases. The progressive activity related to child abuse and neglect in some areas was indicated as being concentrated in particular cities and not sponsored by state level departments; state supported progressiveness was more useful for our purposes because of the centralized function of states in the Standards.

Social Services, and the two Child Protective Services Specialists: Mr. Gordon McDougall and Mr. James Johnston. Agreement on three counties as test sites was reached in December, 1976.

It was presumed that prevention, identification and treatment services would vary systematically with respect to population densities within the states. In general, a more complex network was expected in high density areas. Increased population density and complexity of service delivery systems were expected to show greater degrees of functional differentiation and formality. For example, highly dense urban areas would have special agencies and task role positions designated to deal only with child abuse and neglect, while low density rural areas would subsume such services under broader service functions such as family and child services. For these reasons, we sought to achieve three exclusive and comparable test sites of different sizes within each state.

Using the 1970 census population figures for counties in both Iowa and Washington, we examined the county and population distributions within each state. It was immediately apparent that precise comparability between the two states was not possible due to different county structures; Washington is divided into 39 counties, while Iowa has 99 counties. Nevertheless, it was possible to identify areas of high, median, and low sized populations. We looked next for similar sized cities or towns between Iowa and Washington within these ranges, but here too the differences were more pronounced than the similarities. Since direct comparability was not possible, we sought alternatively to fill out the range from largest to smallest. This strategy resulted in a crude scale of decreasing complexity as shown in Table 2.

The range of population sizes reflected in Table 2 afforded a viable base upon which to field test the evaluation methodology. The alternating rank positions of county and city/town sizes between Washington and Iowa helped to control for differences of county structure

TABLE 2

County, City/Town Population Sizes of Test Sites in
the States of Washington and Iowa

Complexity	WASHINGTON		IOWA	
	County Size	Largest City/Town Size	County Size	Largest City/Town Size
1	King 1,156,633	Seattle 530,831		
2			Black Hawk 132,916	Waterloo 75,533
3	Yakima 144,971	Yakima 45,588		
4			Wapello 42,149	Ottumwa 29,610
5	Grant 41,881	Moses Lake 10,310		
6			Clay 18,464	Spencer 10,276

between the two states.* In selecting these particular sites, special attention was given to ensuring their exclusivity from one another and other service source sites. That is, we sought geographically dispersed test sites to avoid contaminating the assessments with overlapping services, or interactive effects stemming from duplicative efforts of two adjacent counties. The crude six point scale of complexity covers in a general way most kinds of population areas. Extremely large urban centers such as New York City, Chicago, and Los Angeles are not covered; but we feel that the problems of using the baseline evaluation procedure in such areas are reflected in the Seattle-King County, Washington field test, although perhaps to a lesser degree. Success in matching the assessment procedure to the reality of these six areas -- except for the service component -- leads us to conclude that the bulk of the assessment procedure can be applied, with certain modifications, in most areas of the United States. Of course, this needs to be tested; the present effort remains exploratory and developmental.

PROBLEMS ENCOUNTERED AND SOLUTIONS DEVELOPED IN FIELD TESTING

Throughout field testing of the evaluation procedure, the problems encountered in gathering data for each section of the Standards were logged (see Appendix D. for problem log form). Whenever possible, solutions or partial solutions responsive to these problems were developed and incorporated into the evaluation procedure. These changes, of course, have resulted in certain modifications of the procedure from its form as presented in our Preliminary Assessment Design: Federal Standards for Child Abuse and Neglect Prevention and Treatment (September, 1976). Here we confine ourselves to discussing the general nature of

* We had initially proposed Polk County (and the city of Des Moines) Iowa because this area represents the largest urban area in Iowa as does King County (Seattle) in Washington. But DSS expressed a concern that Des Moines and Polk County had been over researched, so we settled for Blackhawk County and the city of Waterloo, the next largest urban area. Although Blackhawk County reveals a slightly lower population size than Yakima, a county in Washington, it is more densely populated due to a smaller geographic area, and Waterloo, the major city of Blackhawk County, is almost twice the size of Yakima which is the largest city within Yakima County.

these problems and the solutions advanced. The following describes the problems encountered and solutions advanced first for the phase-one component of the evaluation procedure, and then the phase-two component.

Phase-One Problems in Measuring Services

One very important subset of the Standards and "Guidelines" was the specification of a comprehensive range of services which it is presumed would provide a preventive deterrent to child abuse and neglect if utilized as needed by all parents (Sections I A & I B) and essentially the same set of services to be used for treatment and disposition purposes once child abuse or neglect has occurred (Sections VI A & VII A).

The network of services prescribed posed problems in measurement and data collection because of the comprehensiveness of the network; it essentially included the critical mass of all human services. On the other hand, it required a different form of measurement than was used in relation to the other aspects of the Standards and offered the opportunity for locating or developing a more sophisticated measure. The language of the Standards used to describe the services was not consistent. Therefore, at least two alternatives to the conceptual basis for the measure of services were presented; . . . services should "exist" or services should be "adequate." Since the form of evaluation involved here was a baseline evaluation, measurement did not have to be concerned with service implementation or service effectiveness.

Data on whether or not services "exist," while very basic, is not highly informative. Of course, data of this order is easily generated via simple checklist formats.

Because of the notion of an "adequate" service was also featured in the Standards, we focused attention on an appropriate measure of Adequacy of Service. The measure of Adequacy of Service developed by Seaberg is expressed through the following basic formula:

$$A_s = \frac{N_{pps}}{(N_{pa-rs}) \times (P_{a-rns})}$$

where:

A_s	=	Adequacy of Service
N_{pps}	=	Number of Persons Provided a Service
N_{pa-rs}	=	Number of Persons At-Risk for a Service
P_{a-rns}	=	Proportion of At-Risk in Need of a Service

The "Adequacy of Service" is calculated by dividing the "Number of Persons Provided a Service" by the product of the "Number of Persons At-Risk for a Service" and the "Proportion of At-Risk Persons in Need of a Service." If the value of the ratio is equal to 1.0, every person in need of a service is receiving it. If it is less than 1.0, some persons in need of a service are not receiving it. And, if the resulting value is greater than 1.0, more persons are receiving a service than need it (probably a rare event).

The components of the formula require more elaboration. The "Number of Persons Provided a Service" is circumscribed by the dimensions of time and geography as well as a single specific service. That is, the number will pertain to persons provided the service within a given unit of time (usually one year) and within geographical boundaries (usually counties, state regions or districts, or entire states). The definitions of services available through the United Way of America Services Identification System (UWASIS II, 1976) is extremely valuable in resolving issues about the mutual exclusivity of service categories.

The "Number of Persons At-Risk for a Service" is defined as all persons in the same geographic unit as in the numerator who possess the basic characteristic, often their age, which would theoretically put them in potential need for the service (e.g., for day care service this would be all children of pre-school age). Of course, all persons with the basic characteristic (or, all persons "at-risk") which is prerequisite for potential need of a service will not necessarily need it. Therefore, the at-risk group is reduced by the "Proportion of At-Risk in Need of a Service." The P_{a-rns} is that part of the at-risk group who possess a second prerequisite characteristic which would prescribe need

for the service (e.g., for day care service a proxy measure of this would be the proportion of pre-school age children who have both parents working or whose only parent works).

Of course, the basic formula must be modified slightly depending on the problem for which service is needed and the degree of specialization of the service typically rendered in response to it.

Data for the "Number of Persons At-Risk for a Service" is generally available through the U.S. Census statistics. Unfortunately, however, the data for the "Proportion of At-Risk in Need of a Service" is largely dependent upon high quality needs assessment research. Considerable of the resources of the project were devoted to locating the latter without success. In some instances proxies of the P_{a-rns} can be calculated (e.g. for day care service, the proportion of children 6 years old and under who have working mothers), but these often require assumptions which are unwarranted. This is particularly true in the case of problems which can appropriately be serviced by various types of service sometimes from single service agencies, but often from multiservice agencies. For these and other reasons, it was decided we could not use this measure of "Adequacy of Service" even though it would have provided an excellent index of the relation of service capacity to service need. (The measure and issues in its implementation are elaborated in the Issue Paper titled "Evaluation of Broad-Scale Service Networks," which appears later in this report.)

Having decided that the "Adequacy of Service" measure could not be used, we turned to the numerator of the formula as a measure assessed to be only slightly more informative than the "exist" measure. The "Number of Persons Provided a Service" was interpreted to be a measure of "service capacity." This interpretation requires the assumption that services tend to operate at capacity. We feel that in the human service area this is generally a tenable assumption. Appropriate data would consist of unduplicated counts of clients provided specific types of services within set time and geographic constraints. What was assumed to be a relatively straightforward data collection problem turned out to be so complicated and the quality of the data so questionable that these factors, combined with the inordinant time and resource costs to collect and collate the data, forced the conclusion that data should not be

collected regarding services. Before expanding on this conclusion, however, some justification through a review of the problems involved in collecting "capacity of service" data is warranted. There are two primary classes of problems in attempting to utilize service capacity (or number of persons served) as the evaluative measure for the Standards. The first class are conceptual problems, the second are data collection problems.

The conceptual problems include the issue of whether the set of services prescribed in the Standards is the set of services most relevant to the problems of child abuse and neglect; that is, was the service set too comprehensive or not comprehensive enough, was it the optimal combination, and so forth. In other words, the validity of the set may be an issue. Ultimately, its resolution rests with the authors of the Standards, not with the designers of an evaluation strategy.

A conceptual problem of major concern to evaluation, however, was the problem of defining and categorizing the services prescribed in the Standards. Some of the problems included a lack of clear meaning for such services as, for example, "health stations," "emergency neighborhood crisis centers," and "therapeutic play schools." In at least one instance the service prescription may have been so specific as to preclude its existence except rarely; namely, "pediatric services that focus on treating children who have been abused or neglected . . ." As mentioned earlier, United Way of America has developed an extremely valuable taxonomy of social goals and human service programs, the United Way of America Services Identification System (UWASIS II, 1976). There are other similar classification schemes, but a recent comparative analysis determined that UWASIS was the best available (Haynes and Sallee, 1976). UWASIS outlines eight basic social goals; the service systems which promote these goals; specific services in the systems; the programs which perform the services; and some elements of the programs. UWASIS also provides definitions and descriptions of the goals, systems, services, programs and elements; which make them mutually exclusive; thus providing a systematic framework for categorization of services. The services prescribed in the Standards were categorized according to the most appropriate UWASIS category (see Figure 1 for the UWASIS categories used and the Standard services subsumed within each) with an additional

FIGURE 1

Service Categories and Standards Referents

Service Category	Services Specified in Standards
Adoption Services	Adoption (VII A a 8)
Advocacy	Advocates (I A b 6)
Alcohol Treatment	Alcohol treatment (I B c 8)(VI A e)
Community Health Clinics	Community child health clinics (I A c 5); health stations (I A a)(VI A a 1)
Consumer Information/Protection	Consumer information (I A a 6)(VI A a 6)
Counseling	Social work counseling (I A b 1); private and church counseling (I A b 2); child guidance clinics (I A d 6); marital counseling (VI A b); therapy (VI A g 4); self-help groups (VI A g 7)
Crisis Intervention Helpline	Crisis helplines (VI A g 1); 24-hour phone helpline for parents (I B a)
Day Care	Day care (I A d 1); child care co-ops (I A d 2); "day-out" programs (I A d 3); crisis day care (I B c 4); resources to relieve parents of full-time child care responsibilities (VI A c) - available at all economic levels
Dental	Routine dental (I A a 1)(VI A a 1)
Drug Treatment	Drug treatment (I B c 8)(VI A e)
Education for Parenthood	Education for parenthood and parent effectiveness programs (I A c 1); nutritional information (I A c 2); infant care courses and information (I A c 3); child development programs (I A c 4); resources to help parents develop good child-rearing practices (VI A d)
Emergency Financial Aid, Food, Clothing	Emergency financial aid, food, clothing (I B c 7)
Emergency Shelter	Emergency family shelters (I B c 3); emergency shelters for adolescents (I B c 5)(VI A e); emergency temporary shelters (VII A a 1)
Family Planning Clinics	Family planning information and clinics (I A b 3)
Foster Family Care	Emergency foster care (I B c 6)(VI A e); foster boarding homes (VII A a 2)
Group Homes/Institutions	Group homes and residences (VII A a 3); residential treatment centers (VII A a 5)
Homemaker Services	Emergency homemakers (I B c 2); emergency caretakers (I B c 1)
Home Management Information and Services	Home management and education programs (I A b 4)
Hospital Networks	Hospital networks (I A a 1)(VI A a 1); hospitals and health related facilities (VII A a 4)
Housing Location Services	Housing and relocation information and assistance (I A a 4)(VI A a 4)
Institutional Care-Children	Juvenile correction facilities (VII A a 7)
Job Training/Vocational Education	Vocational education and job skills programs (I A a 3)(VI A a 3)
Juvenile Probation/Detention	Secure and non-secure detention facilities (VII A a 6)
Legal Aid	Legal services (I A a 5)(VI A a 5)
Medical (General)	Routine medical (I A a 1)(VI A a 1)
Recreation	Recreation and social activities: concerts, plays, parks, swimming facilities (I A a 7)(VI A a 7)
Respite Care	Respite care (I A d 4)
Social Development	Special groups which offer opportunities for self-expression (I A b 5)
Visiting Nurse	Visiting nurse associations (I A a 1)(VI A a 1)

distinction of whether the service was offered merely on a routine basis or also on an emergency/crisis basis.

Using the UWASIS categories, the 52 services specified in the Standards were collapsed into 29 service categories.

The data collection problems were considerably more difficult to overcome. We sought for each type of service an unduplicated count of persons served within single organizations. It was obvious there was no readily feasible mechanism for controlling duplication between service organizations for the same service (e.g. some persons shop for the right marital counselor). The initial expectation was that by bringing together already compiled data from a limited number of sources representing the public and private sectors of social services, such as annual statistical reports of state (county and city were appropriate) social service departments and United Way, plus similar data on legal services, health services and a few others, an easily obtained description of "capacity to provide services" could be developed. This was not true. The emphasis, of course, was on developing a data collection procedure which could be readily replicated in states, counties and communities other than those in which we were field testing. (The geographic unit of analysis for our field testing was the county, three in each state. In the State of Washington these included: King County, population 1,156,633; Yakima County, population 144,971; and Grant County, population 41,881. In the State of Iowa the counties were: Blackhawk County, population 136,916; Wapello County, population 42,149; and Clay County, population 18,464.)

A number of problems were encountered in the search for sources of data on service provision. These problems varied rather consistently according to the size of the county involved. For less populous counties there tended to be no central compilation of services data or, in the extreme, no count at all of persons served. For these counties in Washington State, Yakima and Grant, this situation caused us to test the feasibility of collecting the data ourselves, agency by agency. In the two surveys which were conducted there was sometimes reluctance to share the information and almost always a necessity for the respondent to engage in some calculation before responding. In other words, the data was not readily at hand. Conducting these surveys was quite time

consuming in terms of time and effort and if they were to be repeated for all counties in the state which did not have a central source it would become quite costly. Further, the accuracy of the data was frequently in question.

In large counties, particularly King County, Washington, where the service networks were much more complex, the sources of data on number of persons served were multiple. None of the sources were complete for our purposes, but the extent to which overlap occurred could not be determined. Day care services provide a good illustration of this and other problems. The state social service departments had statistics on day care services which were funded through state and federal sources; United Way of King County Washington had statistics for day care programs for which it provided funds; and finally, the City of Seattle Office of Policy Planning in conjunction with the King County Department of Budget and Program Planning, United Way, and Easter Seal Society had compiled an inventory of human services (Human Services Inventory, 1975) containing information on approximately 900 human service programs including day care. This type of situation forced either a choice of one source as the "best bet" or an attempt at undoing obvious overlap. (Specific resolutions of these dilemmas for each county are reported in Volumes II and III with the field test service data.)

The diversity of the services specified in the Standards further reduced the likelihood of a central accounting for all services. This diversity necessitated contacting individual departments of state and local government on some services, school districts, Health Systems Agencies, and so on in an attempt to assemble all of the required information. But even where this could be accomplished to a reasonable degree of completeness other issues remained. These included such issues as (1) the frequently observed low inter-reporter reliability, particularly in relation to multiple reporters using standardized forms to send data to central data banks (e.g., see: Seaberg and Gillespie, 1977); (2) the lack of data on services provided under private auspices, namely all manner of private professional services such as health, legal, psychiatric, counseling, and private unlicensed day care arrangements (estimated at 64 percent of all day care arrangements, see: Statistical Highlights From The National Child Care Consumer Study,

1976:9); (3) variations in reporting time periods for different agencies, i.e. calendar year, fiscal year, only monthly with no annual total; (4) variations in count units, i.e. number of individuals, number of families; (5) possible duplication in counting caused by an individual entering a service more than once per year and/or undercounting when an individual receives more than one type of service within a single agency, but is only counted once for the agency; (6) possible duplication in counting caused by one agency subcontracting with another for a specific type of service and having both agencies count the client; and, finally, (7) agencies which provide multiple types of services as specified in the Standards reporting only a total clientele served, but not breaking that figure down to total persons served by type of service.

Considering this extensive list of known and potential sources of error in arriving at a count of the "Number of Persons Provided a Service," plus the high costs in terms of personpower time, we can only conclude that gathering this type of data as a component of the Baseline Evaluation Procedure should not be pursued. Further, rationale for this position comes from the fact that number of persons receiving a service as a proxy measure of "capacity" to provide service is ultimately only a descriptive measure. Capacity to provide a service is certainly an underestimate of true need for service. Without a reasonably accurate comparative baseline such as an empirically derived measure of need for services, the meaning of a service capacity figure is difficult to interpret. Some might argue for interpreting the significance of such a figure based on an "informed" or intuitive judgment of need. We argue against such interpretation on the basis of the high degree of subjectivity. And again, we reiterate our position that until such a time as data of a reasonable quality are available to implement the "Adequacy of Service" measure, no attempt to document services should be undertaken as part of the Baseline Evaluation Procedure for the Federal Standards on the Prevention, Identification and Treatment of Child Abuse and Neglect.

A final matter related to the services specified in the Standards is the concern that they be "accessible," including geographically and financially. The project devoted considerable resources to investigating possible measures of accessibility including the use of urban

planning consultants. The main criteria upon which we assessed potential measures were their relevance to our problem and the comparative ease with which they could be applied. Most measurement on this variable has been developed in relation to health service utilization. Measures tended to be much too complicated for easy application to a broad scale service network such as that prescribed by the Standards. A review and critique of available measures of accessibility is presented in the Issue Paper: "Problems of Estimating Social Service Accessibility" (which appears later in this report). It was determined that measures relevant to the service measurement problem presented in the Standards were not available (see the Issue Paper for a justification of this position) and, therefore, none were attempted. The exception to this being that for financial accessibility we attempted to collect data about agency fee arrangements based on three categories: "no fee," "sliding scale fee," and "flat fee." Only the flat fee category would be contrary to the prescription by the Standards. These data are presented in Volumes II and III of this report for the counties included in the field testing.

Other Phase-One Problems

A second issue emerging in conjunction with phase-one data collection had to do with problems of definition within the non-service elements of the Standards. Three different manifestations of this problem appeared. First, in a number of guidelines, quantities and qualities of prescribed characteristics are not defined. For example, "sufficient," as in sufficient professional knowledge, is not defined (VII A f, p. 166). There is wide variation in childrens' needs, and wide variation in the knowledge necessary to meet these needs. Second, ambiguities of meaning cropped up frequently. Education is applied "equally" within a community only in a narrow sense of the term "community" (VII A d 4, pp. 164-165). From a state level view, which is the appropriate source in this case, there is wide geographic variation in the education provided. Other factors enter into "equal education" also; for example, socio-economic composition of the region, teacher competence levels, and so on. Third, informants had difficulties in forming responses for certain guidelines. The Child Abuse and Neglect

Program Manager in Washington State noted that it was hard to tie citizen participation to the programming of child abuse and neglect alone because Washington's programs are geared to family problems of which child abuse and neglect represent only a part (VII A g, p. 166).

The nature of this type of problem precluded a satisfactory solution; these are terms that will have to be nailed down and operationalized in future versions of the Standards. For purposes of the present evaluations, temporary, partial solutions were employed. Undefined terms were handled by asking informants to use their own understanding of the terms. Ambiguities were dealt with by judging the intent implied in the guidelines. Guidelines presenting difficulty for informants to respond were completed by having informants give the best estimate they could. It is recognized that such tentative and unsatisfactory "solutions" permit unknown distortions to enter the evaluation. But some estimate, at this early stage of development, was thought to be better than none.

A third type of problem to surface during the phase-one data collection involved the issue of guideline applicability. This problem revealed two different aspects or subtypes. First, in some instances, there was conflicting information relative to a particular guideline. In Washington, for example, one of the DSHS operation manuals (G 54.56) indicates that a "pending card" may be filed upon notification of a suspected child abuse or neglect case, but, inconsistently, a second manual (H 54.26A) indicates that only substantiated reports are to be made to the central registry. Guideline III E d, p. 63 is basically consistent* if Manual G is used but inconsistent if Manual H is used. Second, certain guidelines are inappropriately placed within the Standards relative to the nature of state operations. The State of Washington does "foster development" (III A a 4, p. 47), but typically the development of improved additional state and local programs or activities is more regionally fostered than state fostered.

The following solutions to these problems were incorporated in the assessment procedure. Conflicting information relative to a particular guideline was dealt with by giving the benefit of doubt to the state.

*The term "technical inconsistency" refers to a datum which is consistent with the intent of a guideline but not the letter as prescribed. This term is discussed below as it represents a solution to one of the problems in gathering phase-one data.

It was reasoned that knowledge of such conflicts would lead the states to resolve them by eliminating one or the other directive, and that, given the choice, elimination would favor consistency with the Standards. Inappropriately placed guidelines were generally solved by changing the originally hypothesized source of information, or, if no better source was recommended, by having the informant estimate consistency-inconsistency as best as possible. In general, we consider these solutions to be satisfactory. Of course, the evaluation procedure would be improved if problems of applicability were completely weeded out.

A fourth problem linked to the phase-one assessment involved the question of literal versus intended meaning of the guidelines. In many instances, the state, community, or appropriate agency would be found to be shouldering the responsibility prescribed in the guideline. For example, guideline III E m 2, p. 71, dealing with the central registry system, prescribes that closed cases should be expunged after five years; in the State of Washington, closed cases should be expunged after six years. A literal interpretation of this guideline would render Washington inconsistent on this guideline; but, on the other hand, the presence of an expunging procedure and the trivial difference of a year between Washington's practice and the Standard's prescription suggest that the state is basically consistent with this guideline. We refer to instances of this sort as "technical inconsistencies." Technical inconsistencies are reported in the assessment of Washington (Volume II), and in the assessment of Iowa (Volume III). In modifying our initial assessment design, we now judge consistency-inconsistency with the guidelines in terms of three possible conditions: (1) consistent, (2) technically inconsistent, and (3) inconsistent. The matrix below illustrates these conditions.

		Consistent with Intent of Standards	
		YES	NO
Consistent with Technical Detail of Standards	YES	Consistent	Ø
	NO	Technically Inconsistent	Inconsistent

As shown in the matrix, consistency seems to be generally classifiable as (1) consistent with the intent and the technical detail of the standards, (2) consistent with the intent but not the technical detail (technical inconsistency), or (3) consistent with neither the intent nor the technical detail. We cannot conceive of the instance where there would be consistency with the technical detail and not the intent. Although we report the nature of the technical inconsistencies in each section of the Washington and Iowa evaluations we combine these with those judged as consistent in making our overall assessment. This is believed to give a more accurate assessment of consistency with the Standards. The wide scope and specificity of the Standards readily ensures that any use of the evaluation procedure will reveal numerous technical inconsistencies. A literal interpretation of each guideline would render these inconsistent, and produce a misleading assessment in so far as the intent of the Standards is concerned.

Phase-Two Problems

Preliminary execution of the Phase-two instrument turned up several minor problems. Three interrelated issues regarding the instrument's format and terminology emerged. These were analyzed and resolved. The following indicates the general nature of these problems and the revised instrument attending to their resolution.

The initial form and manner of presenting questions regarding goals related to themes inherent in the Standards turned out to be cumbersome and difficult for respondents to follow. The first Planning Survey Questionnaire was constructed in six parts: (1) Identifying information on informants and interviewers, (2) thematic planning questions (goals), (3) request for documents supporting responses, (4) problems perceived in achieving goals, (5) respondent trouble in understanding questions, and (6) the issue of whether a given respondent was the best source to answer the question (one example is reproduced in Appendix E.). A separate question was constructed for each thematic question. This scheme required six questions to be raised with the first thematic question, and five questions for all others. For some respondents there were as many as 15 thematic questions. This meant repeating four identical questions (documents, problems, trouble understanding question,

and best position to respond) for each new planning question. This multiplied the time necessary to complete the interviews and increased the boredom of the interviews.

A second problem related to the initial format of the planning survey had to do with the arrangement of the thematic planning questions. Similar to the manner in which we had structured the phase-one instrument, the planning questions were arranged in sequence with the Standards. That is, the planning questions, reflecting as they do clusters of guidelines, were simply listed in the order with which these guidelines appeared in the Standards. The problem here was that redundancies and slight differences of nuance between certain guidelines contained in the Standards were picked-up in different planning questions. This resulted in several of the respondents being unable to distinguish some of the planning questions. In other words, along with the acknowledged redundancies concerning the methodological questions, the respondents perceived that they were being asked the same question more than once. Such perceptions, of course, required a temporary halt to the interview in order to interpret the intended meaning of the planning question.

A third problem to fall out of the initial phase-two data collection effort revolved around a difficulty that some respondents had in understanding the term "goal" as applied to the thematic planning questions. It will be recalled that all planning questions were constructed in the same basic way: "Are there any objectives (goals) related to . . ." For reasons which we were unable to pin down, this manner of phrasing the themes engendered some confusion on the part of certain respondents. Although the notion of a goal as a future intended outcome is straightforward and commonly understood, its use in the present context turned out to be confusing. This led to digressions in the interviews and numerous requests on the part of the respondent to have the interviewer define terms and so on.

An overhaul of the phase-two instrument and procedure resolved each of the above problems. The instrument was streamlined: (1) thematic planning questions for each source are now listed on a single page,*

*Both interviewer and interviewee have a copy of the questions. This decreases necessary contact time and also helps to eliminate misunderstandings regarding the nature of the question.

and the additional questions regarding supportive written materials, obstacles to planned change, and so forth are presented only once as part of the survey format; (2) the thematic planning questions were revised and rearranged to remove redundancies and subtle differences too small to be considered relevant for policy and planning; and (3) rather than asking about objectives or goals related to particular themes, the instrument now elicits information regarding planned "changes."

ALTERNATIVES AND COSTS FOR APPLICATION

The project did not concern itself with testing alternatives or costs for the application of the baseline evaluation procedure. However, the field testing experience of the project does suggest some possible alternatives for application which, of course, vary in their cost. Under no circumstance should the cost of this project which was exploratory and developmental be prorated as an estimate of applying the baseline evaluation procedure. Beyond that factor recall that the recommendation is to delete data on services, an aspect of this project which consumed considerable of its resources.

One mechanism for considering the issue of application alternatives is to dichotomize the Standards into two major areas of responsibility and subsequently sources of data, state and local. Minus the service items, the sections of the Standards for each area are: state - II, III, VII; local - I C, IV, V, VI B-C, VIII. Because there is only one set of state level provisions on which to obtain data, application of the baseline evaluation procedure to these is least complicated in terms of locating data and least expensive in terms of person-months, both for collecting and supplying data. While we cannot give a precise indication of person-months, our estimate is 2-2 1/2 person-months for an outside evaluator. For a person intimately involved in a state program this time might be lessened by as much as half. Of course, there are arguments against the latter option.

The provisions of the Standards which pertain to local level responsibilities must be examined for every local unit, however that may be defined. In most instances it will be the local unit designation of the state department of social services. This might be a multi-county

region or district or a single county. Depending on this definition the application of the baseline evaluation procedure may be slightly expanded or contracted, but under any circumstances it will be considerably more complicated and expensive than investigating state level provisions simply because of the number of repetitions involved. Based on the field test definition of local units as counties, we estimate it requires about 1 1/2-2 person-months per county to apply the baseline evaluation procedure by an outsider, without the service data.

Because of the potential expense of applying the baseline evaluation procedure to local areas state-wide, other alternatives might be considered. For example, a random sample from counties stratified according to population might be used, similar to that used in the field test of this project. Or, application could begin with a small sample of counties, random or purposive, which could be gradually expanded over time until the entire state was included. Or, the procedure could be used primarily with counties identified intuitively or otherwise as having particularly weak provisions for responding to child abuse and neglect cases.

Much less appealing from the point of view of objectivity would be the use of the baseline evaluation procedure as a self-report procedure, disseminating to each local source those portions pertaining to them and having them collect the raw data. This process also might include preparation of the summaries or to reintroduce a degree of objectivity into the process those could be prepared by an outside evaluator.

As a final note on costs in terms of person-months, the data for the State of Iowa (state level and local level for three counties) was all collected by one person in a five month period. This included service data, which as we have noted was quite time consuming, and most but not all of the planning survey interviews. However, it did not include preparation of the data summaries which were completed by the project staff.

FEASIBILITY

While it was not a primary concern of this project, the issue of the feasibility of the Standards in providing guidance to state and

local programs is a concern of NCCAN and sensitized this project to that issue. For the most part the feasibility issue has been addressed through the process of soliciting comment on the Standards nationally and revising the Standards based in part on that comment. Nonetheless the experience of this project provides the basis for a few comments about feasibility.

The most general feasibility issue seems to be the application of the Standards to predominantly rural counties. Much of the substance of the Standards prescribes highly specialized organizational units and staff functions. It was the experience of this project that this is simply not the case for rural counties or even many moderately populated counties. The volume of abuse and neglect cases does not warrant these specializations. The Standards recognize this situation, but leave the translation problem to the local groups. It is quite likely this local option to translate the Standards based on "local needs," "condition," and "resources" will result in a great deal of variation. In a sense, then, this will negate the notion of a standard. Further, it complicates considerably the utilization of a baseline evaluation procedure. Presumably, if local communities could pick and choose among the Standard guidelines or substitute content, they could structure the evaluation of their program to conform with exactly what currently exists and totally bias the evaluation. It appears that the only alternative to this situation is for the Standards to be specific about allowable adaptations to local situations.

Another feasibility issue relates to the specification of various state and local committees, professional teams, and so forth. The experience of this project was that these seldom existed in the field test states and communities as specified in the Standards. Part of the problem was the very specificity of the Standards. Often groups existed which were performing some but not all of the functions outlined, but the organizational auspices, membership composition, designated authority, or interrelations with other elements of the child abuse and neglect response system were different. A decrease in the specificity on some of the elements of the Standards pertaining to these groups, which retain the overall functions of concern, would make consistency with the Standards more often achievable.

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DATA RECORDING FORM - Q1, Q2

Child Abuse Standards Project

Recorder _____

State _____

County _____

Guideline Identification	Source	Conform/ Not Conform	Specify in What Ways Not Conform

Appendix A

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Appendix B

PLANNING SURVEY RESPONSE FORM

State: _____ County: _____ Date: _____

Respondent Position: _____

Respondent Agency: _____

Interviewer: _____

Question Number: _____

Plans:

Documents:

Problems:

Appendix C

In preparation for negotiations with NCCAN to select test sites, a table cross-classifying population size (above/below mean) by per capita expenditures for health and welfare (above/below mean) was created (see Table 3). The plan was to select, minimally, two diagonally opposing states so as to maximize variability on these factors. That is, if the evaluation procedure could be designed to fit a state with a large population and low per capita expenditure for health and welfare as well as a state with a small population and high per capita expenditure (or vice versa), then it was reasoned that it would probably work for the corresponding states too; in line with the illustration above, those with large populations and large per capita expenditures for health and welfare, and small populations and small per capita expenditures for health and welfare.

As can be seen from Table 3, the states selected, Washington and Iowa, do not fall on a diagonal; both states are below the mean in population. But Washington is high on health and welfare expenditures, while Iowa is low on this dimension. Thus, at least part of this scheme was incorporated in the selection of states, and, as was described in the report, the population variable was built-in at the county level. At the state level, limited time and project resources served to give priority to the other considerations.

TABLE 3

States Classified by Population and
Per Capita Spent on Health and Welfare in 1974

Population*			
(Total pop. excluding Armed Forces overseas as of July 1, 1974 = 210,667,000)			
	HIGH	mean = 4,213,340	LOW
mean = \$44.025 Per Capita spent on Health & Welfare in 1974**	<u>HIGH</u> California Georgia Illinois Massachusetts Michigan New Jersey New York Pennsylvania Wisconsin		Alaska Colorado Connecticut Delaware Hawaii Idaho Louisiana Maine Maryland Minnesota Mississippi New Mexico Oklahoma Oregon Rhode Island Vermont Washington
	<u>LOW</u> Florida Indiana Missouri North Carolina Ohio Texas Virginia		Alabama Arizona Arkansas Iowa Kansas Kentucky Montana Nebraska Nevada New Hampshire North Dakota South Carolina South Dakota Tennessee Utah West Virginia Wyoming

* 1970 Census

** From: State Government Finances in 1974, Bureau of the Census,
U.S. Dept. of Commerce, (Series GF 74-No.3), U.S. Government
Printing Office, Washington, D.C., 1975

Appendix D

Data Collection Problems/Observation
About Data Items, Measures, Etc.

Recorder _____ State _____ County _____

Use one form for each Guideline or each set of Guidelines

Guideline Identification	The Problem/Observation, Etc.

Appendix E

PLANNING SURVEY QUESTIONNAIRE

Respondents Position: _____ Interviewer: _____
Agency: _____ Interview Date: _____
State: _____ County: _____

1. Are there any objectives (goals) related to the conditions under which child protective court action should be initiated in the best interests of the child or the procedures for implementing such court action?/ VIII A a-i (pp. 185-187).
2. Are there any planning or other documents which reflect these objectives?
3. To achieve these objectives, what problems need to be dealt with successfully?
4. Is the wording of these questions clear? If no, why?
5.
 - a. Do you think you are the person in the best position to respond to these questions?
 - b. If not, who would you recommend and why?
 - c. Might we expect to find a person in a comparable position in other states (or other counties of this state)?

BASELINE EVALUATION PROCEDURE

for use with the

Federal Standards on the Prevention, Identification and Treatment of Child Abuse and Neglect

This baseline evaluation procedure is designed to assist states or communities in determining the extent of congruity between their own provisions for responding to the problems of child abuse and neglect and the provisions specified in the Federal Standards on the Prevention, Identification and Treatment of Child Abuse and Neglect. Use of the procedure assumes a familiarity with the Standards both with regard to their substance, the rationale for their development, and their intended use. This procedure was developed and field tested through research sponsored by the National Center on Child Abuse and Neglect.* A complete description of the process which led to this recommended procedure as well as examples of its application can be found in the project reports.**

The baseline evaluation procedure is based on the assumption that all elements of the Standards constitute optimal objectives for the provision of response to the problems of child abuse and neglect. Thus, they form the baseline against which to make comparisons. This assumption, of course, may not always be correct. For this reason the results of an evaluation using this procedure must be tempered to some degree by consideration of variation in local needs, resources and conditions.

*Grant number 90-C-430 (C1), National Center on Child Abuse and Neglect, Children's Bureau, Office of Child Development, Office of Human Development, Department of Health, Education and Welfare.

**Seaberg et al., A Baseline Evaluation Procedure for Federal Standards on the Prevention, Identification and Treatment of Child Abuse and Neglect: Volume I, Development, Field Testing and Recommended Procedure; Volume II, State of Washington Field Test; Volume III, State of Iowa Field Test, Seattle: Center for Social Welfare Research, School of Social Work, University of Washington (photocopied), 1977.

The baseline evaluation procedure is basically quite simple; it is only the comprehensiveness of the Standards and local variations in data sources which increase the difficulty of its application. For every "Guideline" (or sub-guideline)* of the Standards four questions are posed for which data must be collected: (1) is the state or local provision consistent with the Standards, (2) if not, in what way does it vary, (3) are there plans to change current provisions, and (4) what problems would have to be dealt with successfully in order to accomplish the planned changes? The data collection is arranged in two major phases, the first phase being concerned with questions (1) and (2), and the second phase being concerned with questions (3) and (4).

The Phase-One data are concerned exclusively with the issue of consistency with the Standards. The Phase-Two data provide a survey of state and community planning related to elements of the Standards which in addition to its descriptive value is also interpreted to be an indicator of the stability of the Phase-One results. Stability is critical in determining the validity of the results of the Phase-One consistency study.

As background for implementing Phase-One of the baseline evaluation procedure which follows, two major issues must be understood. These issues relate to the sources of data and the interpretation of the results. In an evaluation procedure such as this, which is intended for use (or adaptation) in all states and local communities of the country, indication of the exact source for locating specific data is virtually impossible. Different states and communities give different titles to persons in various critical positions in the system which responds to cases of child abuse and neglect, pertinent documents carry different titles and content, and so forth. The consequence of this variation is that the user of the evaluation procedure must adopt a flexible posture toward utilization of the source listed for every item. In the

*Each item (sub-guideline) is identified by a unique combination of numbers and letters. The sequence runs as follows: the Standard section number (Roman numerals), the Standard subsection designation (capital Arabic letters), guidelines (·) designation (small case Arabic letters), sub-guidelines (Arabic numerals).

evaluation procedure a single source of data is listed for every item, but because of the local variations just mentioned the user of the procedure may have to approach the indicated source as a starting point in finding the ultimate source. For example, the set of possible sources for the critical-mass of state level provisions for responding to child abuse and neglect include: state legal codes, state administrative codes/rules, state agency "employee procedural manuals," and the state child abuse specialist/program manager/coordinator. As one moves down this list of sources there is a tendency for state level provisions to become more detailed and explicit. Thus, while the evaluation procedure indicates one of these sources for a specific item, the ultimate source may be one of the others in the set, depending on the degree of explication of that item in the particular state. As another illustration, for many items related to local level investigation of child abuse or neglect cases the source indicated is the "local CPS supervisor" which assumes a special CPS unit in the local office of the state department of social services. The local investigative agency might be the police department (though this is not usually the situation) which would make the indicated source inappropriate. A more common variation will be that in small, local offices of the DSS there will not be a special CPS unit in which case the ultimate source may be the "local DSS supervisor of children's services/child welfare services" or a local "caseworker" who is responsible for investigating reported cases. The major point of this discussion is that the user of the baseline evaluation procedure should use the indicated "source" of data for every item as an informed-starting-point, but anticipate the possibility that there may have to be a shift within the potential set of sources to locate the ultimate source. A rule-of-thumb should be to use the most authoritative source and do not get side-tracked with issues of implementation (variations between provisions and actual practice). The baseline evaluation procedure is only concerned with provisions for responding to child abuse and neglect, not with implementation or effectiveness.

Once the data are collected for the determination of consistency with the Standards there is obviously need for some scheme for drawing this information together in summary form, drawing some conclusions from it, and interpreting it. Consistency can be judged along two

dimensions: consistency with the technical detail of the Standards and consistency with the intent of the Standards. A cross-classification of yes-no alternatives for these two dimensions yields three useful classifications of consistency: (1) consistency with the technical detail and intent of the Standards, which is labeled "consistent;" (2) consistency with the intent, but not the technical detail of the Standards, which is labeled "technical inconsistency;" and (3) inconsistency with the technical detail and intent of the Standards, which is labeled "inconsistent." (The fourth alternative, consistency with the technical detail but not with the intent, is considered an impossible event.) This classification is illustrated in Figure 1.

FIGURE 1

Consistency Classification Matrix

Consistent with Intent of StandardsConsistent with
Technical Detail
of Standards

	YES	NO
YES	"Consistent"	0
NO	"Technically Inconsistent"	"Inconsistent"

The utilization of the categories, "consistent," "technical inconsistency," and "inconsistent," obviously involves a judgmental process. Judging "consistency" and "inconsistency" is probably least problematic. An example of "technical inconsistency" would be a state whose provisions call for expungement of closed cases in the central registry after six years while the Standards prescribe the same action after five years. Once each item has been classified on the consistency continuum, summaries of the results can be prepared. Item by item summaries can be laborious and not necessarily useful in providing an overview on the consistency issue. Summaries can be more meaningfully

composed for each of the alphabetically indicated sub-parts of each section of the Standards especially since these units tend to encompass unitary themes such as: III E, a central registry system; III F, protecting the confidentiality of gathered information; III I, a state-wide citizen's committee on child abuse and neglect; and so on. The descriptive summary for each sub-section can be organized around the consistency classification. A suggested format is to arrive at a judgment that the state or local provisions are "mostly consistent," "rather evenly split on consistency," or "mostly inconsistent," then substantiate that judgment with illustrations of those items which are "consistent," "technically inconsistent," and "inconsistent." Counts of the number of items in each of the latter categories should not be used in arriving at the overall judgment for a sub-section since they are virtually meaningless. The number of items used to elaborate a particular provision does not vary according to the relative importance of the topic of concern or on any other than probably a random basis. Therefore, every item cannot be considered of equal importance. Illustrations of summaries of the type described here are contained in the reports of the field testing of the baseline evaluation procedure.*

As mentioned earlier, Phase-Two of the baseline evaluation procedure consists of a survey of planning related to the substance of the Standards. Data from this survey can be useful not only in determining the stability of the findings from Phase-One, but also as an important interpretative factor in the process of planning future objectives for making changes in the particular state or local provisions for responding to child abuse and neglect. All inconsistencies and probably some technical inconsistencies from Phase-One might become objectives for planned change. The survey helps clarify what changes are currently being pursued along with an indication of their probability of being accomplished (statement of problems that must be dealt with successfully), and results in a portrayal of where changes remain to be considered.

*See Volumes II and III cited on page 1.

The survey uses only authoritative respondents as sources of data, but where possible asks for confirmation of responses via planning documents or any other written records. The same admonition about flexibility as to locating the ultimate sources is given here as was given for Phase-One. The sources given are informed-starting-points. The substance of the survey is different in that every item is not addressed individually. Rather three questions have been developed which are posed in relation to various issues which incorporate numerous single items sharing a common theme. The questions are concerned with (1) any planned changes in provisions, (2) documentation of these plans, and (3) problems anticipated in successfully pursuing the planned changes.

The data from the survey should be summarized as succinctly as possible for each sub-section, then juxtaposed with the Phase-One summaries for each sub-section. The resulting report gives a reasonably clear picture of where state and local provisions stand in relation to the Standards, how stable those provisions are, changes which are currently being planned, and potential directions for change.

Upon examination of the data forms which follow, it will become immediately apparent that there are no forms for obtaining data on the comprehensive network of services prescribed in the Standards. The services are presented in I A, I B, VI A, and VII A of the Standards. Because the problems in obtaining reliable data pertinent to the services are monumental and the process cost-inefficient, the means for collecting these data have been deleted from the baseline evaluation procedure. The reasons for this position are presented in full in the report of the development and field testing of the procedure.*

The baseline evaluation procedure data collection forms follow. They are arranged, first for Phase-One and then for Phase-Two, by the data source. Following the Phase-Two forms is a cross-reference of the Standard identification numbers and letters and the data sources for Phase-One and Phase-Two. The cross-reference should facilitate the collation of data and summaries for the two phases.

*See Volume I cited on page 1.

Phase-One

Data Forms

STATE

COUNTY

GUIDELINE IDENTIFICATION/GUIDELINE	SOURCE	CONFORM/ NOT CONFORM	SPECIFY IN WHAT WAYS NOT CONFORM
II A a. The definitions of "abuse" and "neglect" should not be artificially separated. A single, comprehensive definition should be developed which brings together the problems of child battering, abuse, neglect, dependency, abandonment and other forms of parental inadequacy under one conceptual framework--the "abused and neglected child."	State Legal Code		
II A b. The law defining "abused and neglected" should include: (1) all children under eighteen years of age;	"		
II A b. The law defining "abused and neglected" should include: (2) injury to a child's physical and mental health or welfare. "Physical injury" means death, or permanent or temporary disfigurement or impairment of any bodily organ. "Mental injury" means an injury to the intellectual or psychological capacity of a child as evidenced by an observable and substantial impairment in his/her ability to function within his/her normal range of performance and behavior, with due regard to his/her culture;	"		
II A b. The law defining "abused and neglected" should include: (3) sexual abuse as defined by State law;	"		
II A b. The law defining "abused and neglected" should include: (4) negligent treatment or maltreatment (including the failure to provide adequate food, clothing, shelter, health care, education, or supervision) by specific acts, or omissions of a similarly serious nature, requiring the child protective service or a court;	"		

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STATE

COUNTY

GUIDELINE IDENTIFICATION/GUIDELINE	SOURCE	CONFORM/ NOT CONFORM	SPECIFY IN WHAT WAYS NOT CONFORM
II A b. The law defining "abused and neglected" should include: (5) abandonment or desertion of the child;	State Legal Code		
II A b. The law defining "abused and neglected" should include: (6) threatened harm (or substantial risk of harm) to each element of 2, 3, and 4 above;	"		
II A b. The law defining "abused and neglected" should include: (7) a provision stating that "a person responsible for a child's health or welfare" includes the child's parent, guardian, or other person responsible for the child's health or welfare, whether in the same home as the child, a relative's home, a foster care home, or a residential institution;	"		
II A b. The law defining "abused and neglected" should include: (8) a religious exception to ensure that a parent or guardian legitimately practicing his religious beliefs who thereby does not provide specified medical treatment for a child, for that reason alone shall not be considered a negligent parent or guardian.	"		
II A c. The law defining "abused and neglected" should omit: (1) the word "serious" preceding physical or mental injury;	"		

STATE

COUNTY

GUIDELINE IDENTIFICATION/GUIDELINE	SOURCE	CONFORM/ NOT CONFORM	SPECIFY IN WHAT WAYS NOT CONFORM
II A c. The law defining "abused and neglected" should omit: (2) any requirement that there must be physical evidence of injury, at least in the form of marks, in order to determine that abuse or neglect has occurred;	State Legal Code		
II A c. The law defining "abused and neglected" should omit: (3) any mention of "immoral conduct" on the part of a child's parent or guardian.	"		
II B a. The law should provide for mandatory reporting by designated professionals and para-professionals, including: any physician, resident; intern; hospital personnel engaged in the admission, examination, care or treatment of persons; nurse, osteopath, chiropractor; podiatrist; medical examiner or coroner; dentist; optometrist; or any other health or mental health professional; Christian Science practitioner; religious healer; school teacher or other school official or pupil personnel; social worker, professional day care center or any other professional child care, foster care, residential, or institutional worker; or peace officer of other law enforcement official.	"		
II B b. The law should allow all other individuals, i.e., those not mandated to report, to make reports. Although anonymous reports should not be encouraged, they should be permitted.	"		
II B c. Reportable child abuse and neglect should include all the elements of abuse and neglect discussed in Standard II A	"		

STATE

COUNTY

GUIDELINE IDENTIFICATION/GUIDELINE	SOURCE	CONFORM/ NOT CONFORM	SPECIFY IN WHAT WAYS NOT CONFORM
II B d. The privileged quality of communication between husband and wife and between any professional person and his patient or client, except that between attorney and client, should not constitute grounds for failure to report or failure to cooperate with the child protective service.	State Legal Code		
II B e. The law should provide immunity from civil liability and criminal prosecution to all persons reporting, in good faith, known or suspected instances of child abuse and neglect.	"		
II B f. Any person, official, or institution mandated to report a case of known or suspected child abuse or neglect who knowingly fails to do so (or who knowingly prevents someone else from doing so) should be guilty of a misdemeanor and should be civilly liable for the damages caused by such failure.	"		
II B g. The law should provide that a mandated reporter may take, or cause to be taken, photographs of the areas of trauma visible on a child who is subject to a report, and if medically indicated, cause to be performed a radiological examination of the child.	"		
II B h. The law should provide immunity to all persons for any act required by State law including, besides reporting, the taking of photographs and x-rays, placing a child in protective custody, and participating in court proceedings.	"		

STATE

COUNTY

GUIDELINE IDENTIFICATION/GUIDELINE	SOURCE	CONFORM/ NOT CONFORM	SPECIFY IN WHAT WAYS NOT CONFORM
II B i. All reports of known or suspected child abuse and neglect, and all records generated as a result of such reports <u>which identify individuals by name and address</u>, should be confidential. Access to reports shall be limited to authorized personnel in performance of their official functions. (See Standard VIII E on confidentiality.)	State Legal Code		
II B j. The law should provide authority to specifically designated officials to take a child into protective custody. <u>Laws</u> and procedures should clearly define the conditions that must be satisfied in order to exercise this authority; to whom the action should be reported; and how quickly such a report must be made.	"		
II B k. The law should provide that persons required to report must (and other persons may) report deaths to the medical examiner or coroner if they have reasonable cause to suspect that a child has died as the result of child abuse or neglect.	"		
II B l. The law should provide that the medical examiner or coroner must investigate the report of a child who may have died as a result of abuse or neglect and give his findings, in writing, to the local law enforcement agency, the appropriate district attorney, the local child protective service, and, if the institution making the report is a hospital, the hospital.	"		

STATE

COUNTY

GUIDELINE IDENTIFICATION/GUIDELINE	SOURCE	CONFORM/ NOT CONFORM	SPECIFY IN WHAT WAYS NOT CONFORM
II B m. The law should provide that a person required to report in his capacity as a member of the staff of a medical or other private or public institution, school, facility, or agency, shall immediately notify the person in charge, or his designated agent, who shall then take or cause to be taken color photographs of, visible trauma and shall, if medically indicated, cause to be performed a radiological examination of the child.	State Legal Code	1	
II C a. The law should encourage both verbal and written reporting.			
II C b. Immediate reporting by phone should be facilitated through a single, State-wide, toll-free number (hotline or emergency number) which should be operated twenty-four hours a day.	"		
II C c. A single State agency should be designated to receive all reports. (Local agencies, as authorized by the State agency, could also receive reports. In this case, the State agency should be notified about the report and its contents.)	"		
II C d. Written confirmation reports should be required from all mandatory reporters within forty-eight hours after the verbal report is made.	"		

STATE

COUNTY

GUIDELINE IDENTIFICATION/GUIDELINE	SOURCE	CONFORM/ NOT CONFORM	SPECIFY IN WHAT WAYS NOT CONFORM
II C e. Permissive reporters should be encouraged but not required to make written reports.	State Legal Code		
II C f. Written reports should be made on, or conform to, standardized forms in order to ensure that all the information needed for subsequent investigation is acquired in a comprehensive and uniform manner.	"		
II C g. Written reports (and to the extent feasible verbal reports) should contain the following information: (1) Names and addresses of the child and his parents or other persons responsible for his health or welfare;	"		
II C g. Written reports (and to the extent feasible verbal reports) should contain the following information: (2) The name (and address if not parent or guardian) of the person responsible for the suspected abuse or neglect;	"		
II C g. Written reports (and to the extent feasible verbal reports) should contain the following information: (3) The suspected victim's sex, age, and race;	"		

STATE

COUNTY

GUIDELINE IDENTIFICATION/GUIDELINE	SOURCE	CONFORM/ NOT CONFORM	SPECIFY IN WHAT WAYS NOT CONFORM
II C g. Written reports (and to the extent feasible verbal reports) should contain the following information: (4) The nature and extent of the suspected child's abuse or neglect, including any evidence of prior injuries to the subject child or his siblings;	State Legal Code		
II C g. Written reports (and to the extent feasible verbal reports) should contain the following information: (5) Family composition, e.g., names, ages, and sex of siblings or <u>other children</u> in the household and any other adults normally present;	"		
II C g. Written reports (and to the extent feasible verbal reports) should contain the following information: (6) Any actions taken and whether or not the child has been placed in protective custody;	"		
II C g. Written reports (and to the extent feasible verbal reports) should contain the following information: (7) The person making the report and where he can be reached;	"		
II C g. Written reports (and to the extent feasible verbal reports) should contain the following information: (8) The location of child and place where suspected or known incident occurred. Sufficient detail should be provided to enable an investigator to locate the child and to reach the site where the incident took place.	"		

STATE

COUNTY

GUIDELINE IDENTIFICATION/GUIDELINE	SOURCE	CONFORM/ NOT CONFORM	SPECIFY IN WHAT WAYS NOT CONFORM
III F a. It should be a misdemeanor to permit, assist, or encourage the release of any data or information contained in reports or records maintained by the Central Register to persons or agencies not permitted by law to have such access.	State Legal Code		
III I a. The Governor should appoint the chairman and members of a "statewide citizen's committee on child abuse and neglect."	"		
III I b. The members of the committee should be individuals of distinction in human services, law, and community life, broadly representative of all social and economic communities across the State.	"		
III I c. The members of the committee should be appointed for three-year staggered terms.	"		
III I e. The chairman and members of the committee should serve without compensation, although their travel and per diem expenses should be reimbursed.	"		
IV F a. The investigatory authority, a police or law enforcement officer, or a physician treating a child should place a child in protective custody if: (1) there is reason to believe that there exists an imminent danger to the child's life or health; and (2) there is no time to apply for a court order.	"		

STATE

COUNTY

GUIDELINE IDENTIFICATION/GUIDELINE	SOURCE	CONFORM/ NOT CONFORM	SPECIFY IN WHAT WAYS NOT CONFORM
IV F b. A person in charge of a hospital or similar medical institution should be empowered to retain custody of a child reasonably suspected to be abused or neglected until the next day.	State Legal Code		
VIII A a. Formal child protective court action should be commenced only when the child protective service or other authorized agency finds that the best interests of the child require court action because: (1) the parents, guardian or other person responsible for the child's welfare refuse an appropriate offer of services;	"		
VIII A a. Formal child protective court action should be commenced only when the child protective service or other authorized agency finds that the best interests of the child require court action because: (2) the case is of a sufficiently serious nature to require the child's removal from the home or other treatment service, and the parents do not voluntarily consent;	"		
VIII A a. Formal child protective court action should be commenced only when the child protective service or other authorized agency finds that the best interests of the child require court action because: (3) <u>other similarly serious reason.</u>	"		
VIII A c. The Court should adopt or approve procedures to ensure that all cases are adequately screened by the local child protective service or a social service agency prior to the filing of a petition. The procedures should include: (1) the provision of an adjustment process for every case not referred by the child protective service;	"		

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VIII A c. The Court should adopt or approve procedures to ensure that all cases are adequately screened by the local child protective service or a social service agency prior to the filing of a petition. The procedures should include: (2) the designation of an agency to conduct adjustment conferences;	State Legal Code		
VIII A c. The Court should adopt or approve procedures to ensure that all cases are adequately screened by the local child protective service or a social service agency prior to the filing of a petition. The procedures should include: (3) the establishment of a maximum time period beyond which the adjustment process could not continue without express judicial approval.	"		
VIII A d. The probation service should perform social work only under Court direction, including adjustment, investigation and supervision.	"		
VIII A e. A special attorney or staff of attorneys should file and present child protective cases; all other persons and organizations should be barred from filing or presenting petitions <u>without prior court authorization</u> .	"		
VIII A e. (1) The attorney(s) should have the power either to file a petition, refuse presentment, or request additional investigation.	"		

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VIII A e. (2) Presentment attorneys should have the responsibility to prepare petitions, prosecute the adjudicatory hearing, and suggest dispositional alternatives.	State Legal Code		
VIII A f. If the presentment attorney(s) refuses to file a case, the complainant should be able to gain access to a court for an evaluation of a request.	"		
VIII A g. The petition or complaint alleging abuse or neglect should be verified and sufficiently specific to inform the parents or other respondent of the facts constituting the protective action, and to allow them to prepare intelligently for the adjudicatory hearing.	"		
VIII A h. The natural parents should receive notice of a protective case proceeding, unless their parental rights have been permanently terminated. Notice should take the form of personal service or mail. Substitute service or publication should not be used unless reasonable efforts to effect personal service have failed.	"		
VIII A i. If the agency filing the case cannot locate the parents and serve personal notice after a good faith effort, the case should proceed upon a showing on the record that a good faith effort was made.	"		

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VIII B a. Unless independent legal counsel is available to the child, the Court should appoint counsel to represent the child at public expense.	State Legal Code		
VIII B b. Any attorney representing the child should also serve as the child's guardian ad litem unless a separate guardian ad litem has been appointed by the appropriate Court.	"		
VIII E a. A verbatim record of all Court hearings should be prepared by a Court reporter or electronic technique capable of providing a full transcript.	"		
VIII E b. Protective Court proceedings should be closed to the public, except when an open hearing is requested by the parents and counsel for the child and <u>the court finds a public hearing will not be contrary to the interests of the child</u> ; however, representatives of news media, interested public and private agencies and bona fide research organizations should be permitted to attend hearings without the consent of the parties, provided such representatives agree to protect the parties' identity.	"		
VIII E c. All Court records should be confidential and should be available only to the parties, an agency to which custody of the child has been awarded, a Court, or a person engaged in bona fide research purposes, except when public access is requested by the parents and counsel for the child.	"		

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VIII F a. At any time prior to or subsequent to the filing of a petition, any party should be able to apply to the Court for an order placing the child in protective custody without the consent of the parents or guardian, if there is reason to believe that there exists an imminent danger to the child's life or health.	State Legal Code		
VIII F b. The presence of the parents or guardians should be required if there is adequate time for them to receive notice and such notice will not jeopardize the child's life or health.	"		
VIII F c. (1) If not present, the parents or guardian should be immediately served with the court order authorizing protective custody, notice of the date, time and place of the court hearing and the child's location or place where the child will be housed.	"		
VIII F c. (2) The parents or guardian should also be advised of their right to consult legal counsel, and, if appropriate, the right to be assigned counsel by the Court.	"		
VIII F d. When a child has been placed in protective custody, a Court hearing should be held within 72 hours.	"		

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VIII F e. Temporary protective custody should preferably be awarded to a suitable person related to the child; if a suitable related person is unavailable the child should be placed in a foster or group home. A child should be temporarily placed in an institution only until a related person, a foster home or a group home is available.	State Legal Code		
VIII F f. The Court should order a timely investigation of a home which may be designated for protective custody.	"		

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GUIDELINE IDENTIFICATION/GUIDELINE	SOURCE	CONFORM/ NOT CONFORM	SPECIFY IN WHAT WAYS NOT CONFORM
III B a. The designated State department should have a distinct organizational unit, a statewide child protection center, solely responsible for child abuse and neglect activities and programs, with sufficient and qualified staff, adequate resources, and adequate telephone facilities to perform the functions assigned to it.	State Administrative Code		
III C d. The local agencies should have the ability to receive, or arrange for the receipt, of emergency reports from the State agency twenty-four hours a day, seven days a week.	"		
III C e. The local agencies could also have the ability to receive reports directly from reporters in their jurisdiction, as approved by the State agency, during those hours agreed upon between the State agency and the local agency, e.g., during normal business hours.	"		
III C f. Pertinent information from any reports received by the local agency directly from reporters should be transmitted to the State agency so that the Central Register can be kept up to date. Information from these verbal or written reports should be transmitted, by telephone or other communications equipment, immediately during normal business hours. Reports received during non-business hours should be transmitted at the beginning of the next business day.	"		

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GUIDELINE IDENTIFICATION/GUIDELINE	SOURCE	CONFORM/ NOT CONFORM	SPECIFY IN WHAT WAYS NOT CONFORM
III E k. All reports and records which contain identifying information regarding the suspected victim of abuse or neglect, the parents or other adults cited in the report, or the reporter should be confidential.	State Administrative Code		
III E l. Access to these confidential reports and records or the release of information from them should be defined and strictly controlled. The appropriate restrictions, controls, and penalties should be disseminated to the Central Register staff and any other department, center, agency, or individual who has defined responsibility for dealing with information and cases of child abuse and neglect. (See Standard III F on confidentiality.)	"		
III E m. In order to protect the rights of individuals cited in reports the following procedures should be adopted: (1) records and reports on cases which are not determined, through investigation, to be "founded" should be removed from the Central Register files;	"		
III E m. In order to protect the rights of individuals cited in reports the following procedures should be adopted: (2) records and reports on cases which have been closed should be removed from the Central Register files no later than five years after the close of the case. If, however, an additional report is made on the same child, sibling, offspring, or concerning the same family, records of "closed" cases should be retained for a period of five years <u>after such subsequent report</u> ;	"		

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III E m. In order to protect the rights of individuals cited in reports the following procedures should be adopted: (3) the Central Register should be authorized to amend or remove any records upon good cause shown and upon proper notice to affected individuals or agencies. III F e. The confidentiality Guidelines should not affect existing policies and procedures concerning the status of court and criminal justice system records.	State Administrative Code "		

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III B b. This statewide child protection center should have a 24-hour, 7 day a week telephone capability, preferably a State-wide, toll-free number, which can be easily used by anyone to report a case of suspected child abuse and neglect. These telephones should be staffed, at all times, by individuals capable of determining and assessing any emergency situation, i.e., <u>they should have social service knowledge and understanding.</u>	State Agency Procedural Manual		
III B c. The statewide child protection center should create or administer a State-wide Central Register system to file and process all oral and written reports. (See Standard III E for additional information.)	"		
III B d. The State agency must be able to immediately determine, 24 hours a day, 7 days a week, whether or not a previous report exists concerning a subject or a sibling.	"		
III B e. Reports received directly by the State agency should be assigned and transmitted, by telephone or other communications equipment, to the appropriate local agency for investigation together with any pertinent information on previous incidents. (See Section IV for information on local agency responsibilities.)	"		

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III B f. Transmission of reports and background information to local agencies should be made immediately in an emergency situation. Otherwise, this information should be transmitted at the beginning of the next working day. (Any information released on previous incidents in the same family should state the status of the case.)	State Agency Procedural Manual		
III B g. The State agency should develop and maintain a file of officials, agencies, and agency representatives who are authorized to receive information on incidents of child abuse and neglect.	"		
III B h. Individuals should be able to write or call the State agency and request information on previous incidents to a specific child or his siblings. If the requestor is one of the authorized officials or agency representatives on file, all pertinent information should be assembled and transmitted to the person as needed.	"		
III D a. The State agency should design and disseminate all forms <u>needed by</u> the local agencies to collect information and to document investigation results and treatment progress.	"		

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III D b. The State agency should determine all reports that must be made by the local agencies and submitted to the State agency. This is to ensure that adequate information is available to perform the agency's monitoring, planning and evaluation functions. (See Standard III E for elements of information that will be required.) The following reports should be considered: (1) written reports confirming a verbal report of suspected child abuse and neglect. These should be obtained by the local agency from all mandated reporters and obtained if possible from permissive reporters for all cases assigned to the agency for investigation;	State Agency Procedural Manual		
III D b. The State agency should determine all reports that must be made by the local agencies and submitted to the State agency. This is to ensure that adequate information is available to perform the agency's monitoring, planning and evaluation functions. (See Standard III E for elements of information that will be required.) The following reports should be considered: (2) preliminary report on findings of investigation, within seven days after the case is assigned;	"		
III D b. The State agency should determine all reports that must be made by the local agencies and submitted to the State agency. This is to ensure that adequate information is available to perform the agency's monitoring, planning and evaluation functions. (See Standard III E for elements of information that will be required.) The following reports should be considered: (3) report on investigation findings, within sixty days after the case is assigned;	"		

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III D b. The State agency should determine all reports that must be made by the local agencies and submitted to the State agency. This is to ensure that adequate information is available to perform the agency's monitoring, planning and evaluation functions. (See Standard III E for elements of information that will be required.) The following reports should be considered: (4) treatment plan within ninety days;	State Agency Procedural Manual		
III D b. The State agency should determine all reports that must be made by the local agencies and submitted to the State agency. This is to ensure that adequate information is available to perform the agency's monitoring, planning and evaluation functions. (See Standard III E for elements of information that will be required.) The following reports should be considered: (5) treatment progress reports every ninety days after the treatment plan is submitted and until the case is closed;	"		
III D b. The State agency should determine all reports that must be made by the local agencies and submitted to the State agency. This is to ensure that adequate information is available to perform the agency's monitoring, planning and evaluation functions. (See Standard III E for elements of information that will be required.) The following reports should be considered: (6) final case report, either when the investigation determines that the report is unfounded or when treatment is terminated.	"		

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III D c. The local child protective service should also maintain a local child abuse and neglect index of all reported cases to monitor the timely and proper investigation and disposition of each case. The index should at least include: (1) initial reports;	State Agency Procedural Manual		
III D c. The local child protective service should also maintain a local child abuse and neglect index of all reported cases to monitor the timely and proper investigation and disposition of each case. The index should at least include: (2) progress reports;	"		
III D c. The local child protective service should also maintain a local child abuse and neglect index of all reported cases to monitor the timely and proper investigation and disposition of each case. The index should at least include: (3) final reports.	"		
III E a. The Central Register should be operated or administered by a unit of the State agency, which is designated to receive reports.	"		
III E b. The Central Register should file and process reports for the entire State.	"		

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III E c. The system, whether manual or computerized, should be designed in such a manner that it can be determined within a few minutes, twenty-four hours a day and seven days a week, whether or not a prior report has been made on the same subject, a sibling, or about the same parents or caretakers.	State Agency Procedural Manual		
III E d. A record of all oral reports should be entered into the Central Register within twenty-four hours after receipt of the report by the State agency. This would include reports received from any source, i.e., mandatory reporters, permissive reporters, and anonymous reporters. (Reports concerning institutional child abuse and neglect should be handled in the same manner as all other reports.)	"		
III E e. The system should be designed and developed or modified so that the following conditions are satisfied: (1) it should be possible to add additional information to a record as the case (investigation and treatment) progresses, i.e., it should be possible and easy to correct erroneous information and to add additional information;	"		
III E e. The system should be designed and developed or modified so that the following conditions are satisfied: (2) it should be possible to easily identify and extract specific elements of information so that a person does not have to read the entire record when only specific facts are needed;	"		

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III E e. The system should be designed and developed or modified so that the following conditions are satisfied: (3) procedures should exist to check records for errors before the record is added to the main file;	State Agency Procedural Manual		
III E e. The system should be designed and developed or modified so that the following conditions are satisfied: (4) records generated as a result of new reports on another incident for the same child should be added to the file and should not replace or cause the deletion of records about previous incidents;	"		
III E e. The system should be designed and developed or modified so that the following conditions are satisfied: (5) it should be possible to accommodate a rapid growth in the volume of records processed;	"		
III E e. The system should be designed and developed or modified so that the following conditions are satisfied: (6) information should be added to the records that can subsequently be used for statistical, analytical, or planning purposes.	"		
III E f. Records in the Central Register should contain all key information about the child, the incident, the family, and the reporter. Detailed, descriptive, and explanatory information does not necessarily have to be present in the Central Register record; however, a cross-reference should exist to where this detailed information can be located.	"		

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III E g. All records in the Central Register should contain an indicator which shows the status of the case, i.e., "under investigation," "under care," "closed," or "unfounded" (removed from register).	State Agency Procedural Manual		
III E h. In developing or improving a Central Register system, consideration should be given to designing records which contain the following information: (1) initial record generated from oral report: name, permanent address, age, sex, and race of suspected victim; present location of suspected victim, if different from permanent address; location where incident occurred; names of parents (and address if different from permanent address of child); name (and address if not a parent) of person who was reported as responsible for abuse or neglect; family composition, i.e., names, sex, and ages of siblings and other adults normally present; nature or category of suspected abuse or maltreatment; action taken by reporting source; reporter (with name and address if available); type of reporting source, e.g., mandatory (with category), permissive, anonymous; date and time oral report received; local agency to which investigation has been assigned; status of case.	"		
III E h. In developing or improving a Central Register system, consideration should be given to designing records which contain the following information: (2) information to be added upon receipt of written report (if any): indication that written report is available and cross-reference to location of the report if applicable; date report received; corrections and additions, as necessary, to any information previously entered in the initial record.	"		

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III E h. In developing or improving a Central Register system, consideration should be given to designing records which contain the following information: (2) information to be added upon receipt of preliminary report on investigation: indication that report has been received and cross-reference to location of the report if applicable; date report received; any emergency action taken or emergency services being used if applicable.	State Agency Procedural Manual		
III E h. In developing or improving a Central Register system, consideration should be given to designing records which contain the following information: (4) information to be added upon receipt of final investigation report: indication that report is available and cross-reference to location of the report if applicable; date report received; information on family status, i.e., economic status, marital status, etc.; correction to status of case to reflect investigative conclusions; corrections or additions to initial record such as names of each sibling.	"		
III E h. In developing or improving a Central Register system, consideration should be given to designing records which contain the following information: (5) information to be added upon receipt of treatment plan: treatment services to be used and providers (for both the child and adults); estimated length of treatment; date treatment plan received.	"		

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III E h. In developing or improving a Central Register system, consideration should be given to designing records which contain the following information: (6) information to be added upon receipt of each treatment progress report (if the State elects to maintain information on treatment progress): date report received and report number, i.e., progress report number one; cross-reference, if applicable, to detailed evaluation of treatment progress; additional services being used (from those given in plan) and providers; services which were not accepted by family or which have been discontinued; corrections, as necessary, to reflect any change in family status; corrections, as necessary, to estimated length of treatment.	State Agency Procedural Manual		
III E i. The capability should exist, as part of the Central Register system, to produce reports on a regular basis. The purpose of these reports is to ensure that information in the Central Register is accurate and up to date and to ensure that the entire State-wide system is operating as designed. The following types of reports should be considered: (1) written reports due. This type of report could be produced on an exception basis, i.e., listing only those reports which are required and have not been received within the time period specified. The report could be arranged by local agency assigned the investigative responsibility, listing for each overdue report, the reporter's name and address;	"		

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III E 1. The capability should exist, as part of the Central Register system, to produce reports on a regular basis. The purpose of these reports is to ensure that information in the Central Register is accurate and up to date and to ensure that the entire State-wide system is operating as designed. The following types of reports should be considered: (2) overdue preliminary investigation reports. Likewise, this report could be produced on an exception basis. It would be organized by local agency assigned the investigation responsibility. Using this report, the State agency could check with all listed local agencies about all reports within their jurisdiction that were overdue;	State Agency Procedural Manual		
III E 1. The capability should exist, as part of the Central Register system, to produce reports on a regular basis. The purpose of these reports is to ensure that information in the Central Register is accurate and up to date and to ensure that the entire State-wide system is operating as designed. The following types of reports should be considered: (3) overdue final investigation reports. This report would be organized in the same manner and contain the same information as the overdue preliminary report, except that it would list only those final reports that were overdue;	"		
III E 1. The capability should exist, as part of the Central Register system, to produce reports on a regular basis. The purpose of these reports is to ensure that information in the Central Register is accurate and up to date and to ensure that the entire State-wide system is operating as designed. The following types of reports should be considered: (4) notice of missing information. After records have been updated with data from the final investigation report, a check should be performed to determine if any required elements of information are missing. The purpose of this report is to cite those records which are not complete so that appropriate follow-up can be done;	"		

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III E 1. The capability should exist, as part of the Central Register system, to produce reports on a regular basis. The purpose of these reports is to ensure that information in the Central Register is accurate and up to date and to ensure that the entire State-wide system is operating as designed. The following types of reports should be considered: (5) notice of "unfounded" records deleted from file. The purpose of this report is to provide a verification that all records that should have been removed from the file have, in fact, been removed. This report can also serve as a check that records which should remain in the file have not, in error, been removed;	State Agency Procedural Manual		
III E 1. The capability should exist, as part of the Central Register system, to produce reports on a regular basis. The purpose of these reports is to ensure that information in the Central Register is accurate and up to date and to ensure that the entire State-wide system is operating as designed. The following types of reports should be considered: (6) overdue treatment plan report;	"		
III E 1. The capability should exist, as part of the Central Register system, to produce reports on a regular basis. The purpose of these reports is to ensure that information in the Central Register is accurate and up to date and to ensure that the entire State-wide system is operating as designed. The following types of reports should be considered: (7) overdue treatment progress reports (if information is kept on treatment progress).	"		

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III E j. The system should also be designed so that special reports can be produced on a periodic basis. In order to minimize the problems of confidentiality, selected fields of information should be extracted from the records (or from a sample of the records) so that the data used to prepare these special reports does not contain specific identifying information. Consideration should be given to the following types of special reports: (1) statistical reports which show such things as incidence rates, geographic distribution of incidence, family characteristics, recidivism rates, etc.	State Agency Procedural Manual		
III E j. The system should also be designed so that special reports can be produced on a periodic basis. In order to minimize the problems of confidentiality, selected fields of information should be extracted from the records (or from a sample of the records) so that the data used to prepare these special reports does not contain specific identifying information. Consideration should be given to the following types of special reports: (2) management information reports which provide information on such things as: case load by local agency, total number of overdue reports for a given period of time, if any, for each local agency, fluctuations in volume of reports received by geographic subdivision, etc. Such information can be used to analyze overall staff, budget, and program requirements.	"		

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III E j. The system should also be designed so that special reports can be produced on a periodic basis. In order to minimize the problems of confidentiality, selected fields of information should be extracted from the records (or from a sample of the records) so that the data used to prepare these special reports does not contain specific identifying information. Consideration should be given to the following types of special reports: (3) reports, to assist in planning for new or improved programs, which convey such information as: treatment services selected, with frequency of use, by category of abuse or neglect; range of treatment time required by category of abuse or neglect; number of reports received by type of reporter to assist in analyzing training and education needs; etc.	State Agency Procedural Manual		
III F b. No person, official, or agency should have access to Central Register records except the following under specific circumstances: (1) a local child protective service in the furtherance of its responsibilities;	"		
III F b. No person, official, or agency should have access to Central Register records except the following under specific circumstances: (2) an authorized police or law enforcement agency investigating a report of known or suspected child abuse or neglect;	"		
III F b. No person, official, or agency should have access to Central Register records except the following under specific circumstances: (3) an authorized physician who has before him a child whom he reasonably suspects may be abused or neglected;	"		

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III F b. No person, official, or agency should have access to Central Register records except the following under specific circumstances: (4) a person legally authorized to place a child in protective custody when such person requires the information in the report or record to determine whether to place the child in protective custody,	State Agency Procedural Manual		
III F b. No person, official, or agency should have access to Central Register records except the following under specific circumstances: (5) an agency having the legal responsibility or authorization to care for, treat, or supervise a child or a parent, guardian, or other person responsible for the child's welfare who is the subject of a report;	"		
III F b. No person, official, or agency should have access to Central Register records except the following under specific circumstances: (6) any subject of the report or, if the subject of the report is a minor or is otherwise legally incompetent, his general guardian, guardian ad litem, or attorney, unless: (a) allowing access to such records would be harmful to the subject of the report;	"		

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III F b. No person, official, or agency should have access to Central Register records except the following under specific circumstances: (6) any subject of the report or, if the subject of the report is a minor or is otherwise legally incompetent, his general guardian, guardian ad litem, or attorney, unless: (b) allowing access to such records would be harmful or detrimental to the interests of the person who, in good faith, made a report or cooperated in a subsequent investigation. In that case the name of the reporter, and anything in the record which might lead to the discovery of his identity, should be expunged from the copy of the record given to the subject;	State Agency Procedural Manual		
III F b. No person, official, or agency should have access to Central Register records except the following under specific circumstances: (7) a court, upon its findings that access to such records may be necessary for the determination of an issue before such court, but such access should be limited to <u>in camera</u> inspection, unless the court determines that public disclosure of the information contained therein is necessary for the resolution of an issue then pending before it;	"		
III F b. No person, official, or agency should have access to Central Register records except the following under specific circumstances: (8) a grand jury, upon its determination that access to such records is necessary in the conduct of its official business;	"		

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III F b. No person, official, or agency should have access to Central Register records except the following under specific circumstances: (9) any appropriate state or local official responsible for administration, supervision, or legislation in relation to the prevention or treatment of child abuse or neglect when carrying out his official functions;	State Agency Procedural Manual		
III F b. No person, official, or agency should have access to Central Register records except the following under specific circumstances: (10) any person engaged in bona fide research purposes; provided, however, that no information identifying the subjects of the report shall be made available to the researcher unless it is absolutely essential to the research purpose, suitable provision is made to maintain the confidentiality of the data, and the head of the State or local department gives his prior written approval.	"		
III F c. A summary of the findings made and actions taken by the local child protective service in response to a mandatory report should be given to the person who made the report.	"		
III F d. Permissive reporters should be informed of the general disposition of the report.	"		

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III F f. The State should establish a procedure by which the names of subjects of a report may be expunged from local agency files in cases of non-institutional abuse and neglect, as well as other appropriate actions.	State Agency Procedural Manual		
IV C a. One person should be given responsibility for the investigation. This person should be informed about all information in the report and all other sources.	"		
IV C b. The referral and/or reporting source should be contacted for any additional information that can be provided, with emphasis on information which may indicate that an emergency investigation should be started. (This action will also provide feedback that the report is being investigated.)	"		
IV C c. Information on prior occurrences of abuse and neglect to the subject child, his siblings, or others in the family should be obtained from the Central Register (if it was not transmitted at the time that a case was assigned by the State agency to the local agency for investigation). Except in extreme emergencies this information should be obtained and reviewed prior to interviewing the parents or visiting the home.	"		
IV C d. The child protective worker assigned to the investigation should see the child and ensure that the child is safe and not in any imminent danger.	"		

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IV C e. An assessment should be made as soon as possible of the child's home situation, through a visit to the home and through interviews with the parents, caretakers, and others, such as an examining physician, who can be expected to provide pertinent information.	State Agency Procedural Manual		
IV C f. When appropriate, a medical assessment should be obtained. And, if it is felt that the child or his siblings may be in danger, arrangements should be made to utilize the appropriate emergency services and/or place (or retain) the child (children) in protective custody.	?		
IV C h. If the child protective service determines that the report is unfounded, it should: (1) close the case;	"		
IV C h. If the child protective service determines that the report is unfounded, it should: (2) if appropriate, offer services that it thinks could benefit the child or family, for the family's voluntary acceptance or refusal.	"		
IV D a. Social service sources who are known to have had contact with the family or child as well as sources that the protective worker assesses may have worked with the family should be contacted in order to obtain information. The purposes of this are: (1) to coordinate the provision of existing services with any additional services that may be needed; and (2) to obtain additional background information about the child and family. All information obtained from these sources should be considered confidential.	"		

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IV D b. Additional interviews should be held with the family, as appropriate with the child and his siblings, and with others who may have had contact with the family such as: relatives; neighbors; teachers; and medical and mental health personnel.	State Agency Procedural Manual		
IV D c. The safety of the child should be continually assessed during the entire course of the investigation and as appropriate reviewed with the Interdisciplinary Team so that any necessary action can be taken to return the child to the family or remove the child.	"		
IV D d. The service and treatment needs of the family should be identified and evaluated in terms of the overall benefits that may accrue. Particular attention should be given to those needs which require immediate attention.	"		
IV D e. Information obtained during this investigation should be documented using the standardized forms developed by the State agency. This is: (1) to ensure that all necessary information is obtained in an objective manner; (2) facilitate review and assessment of the investigation; and (3) minimize duplication of information gathering through initially collecting data in a form that will be useful to service agencies who subsequently come into contact with the family.	"		
IV E c. Written notification given by the investigatory authority should include: (1) the existence of the report of abuse and neglect;	"		

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IV E c. Written notification given by the investigatory authority should include: (2) the adult's rights in regard to the sealing, amendment, or expungement of the report and related records.	State Agency Procedural Manual		
V A a. The local agency should be responsible for: (1) administering the child protective service units;	"		
V A a. The local agency should be responsible for: (2) strengthening and improving child abuse and neglect prevention and treatment efforts;	"		
V A a. The local agency should be responsible for: (3) encouraging the cooperation and assistance of public, private and parental organizations;	"		
V A a. The local agency should be responsible for: (6) providing either directly or indirectly, training and technical assistance to appropriate local agencies, groups and individuals;	"		
V A a. The local agency should be responsible for: (7) fostering the development of improved or additional programs and activities, the assumption of prevention and treatment responsibilities by additional agencies and groups, and the coordination of existing programs and activities.	"		

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GUIDELINE IDENTIFICATION/GUIDELINE	SOURCE	CONFORM/ NOT CONFORM	SPECIFY IN WHAT WAYS NOT CONFORM
V A b. Child protective service units should be established or designated by each local agency. (Section IV, <i>infra.</i> , details child protective service unit investigatory functions.)	State Agency Procedural Manual		
V A c. The local agency should be organized to maximize the continuity of responsibility, care, and service of individual workers towards individual children and families.	"		
V A d. In counties of sufficient size, the child protective service unit should be organized separately from and administered independently of the rest of the local agency. This will encourage the child protective service unit to become a specialized agency whose staff has the experience and training to deal with difficult child protective investigative problems in such areas as law, medicine, social service, and education.	"		
V A e. The local agency should cooperate with and enlist the cooperation and participation of appropriate law enforcement agencies, courts and other agencies, groups, or programs providing or concerned with human services related to the prevention, identification or treatment of child abuse and neglect.	"		
VI B a. The Treatment Plan should consider needs of all family members, but most importantly the child's.	"		

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VI B b. Both short-range and long-range treatment goals should be defined and included in the Plan.	State Agency Procedural Manual		
VI B c. In assessing service needs and priorities, the following guidelines should be used: (1) whenever possible a child should remain in his home;	"		
VI B c. In assessing service needs and priorities, the following guidelines should be used: (2) when a child's safety requires separation from his parents, every effort should be made to make the placement elsewhere as temporary as possible and the location as accessible as possible to the family's home so that frequent visitation will be encouraged.	"		
VI B h. If the Treatment Plan is refused, and the child protective service deems that the best interest of the child so requires, the service should seek appropriate Court action.	"		
VIII I f. The institution should develop and implement, at placement, a specific individualized Treatment Plan for each child. The plan should be coordinated to the extent feasible with the family's treatment plan so that the overall needs and timing of treatment can be regularly reviewed and assessed. And the child should be involved in development of the plan and decisions concerning him as fully as possible.	"		

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VIII I g. The plan should be formalized and should include specific short-term and long-term goals related to at least the following areas: (1) medical and dental needs;	State Agency Procedural Manual		
VIII I g. The plan should be formalized and should include specific short-term and long-term goals related to at least the following areas: (2) education and remediation;	"		
VIII I g. The plan should be formalized and should include specific short-term and long-term goals related to at least the following areas: (3) psychotherapeutic needs;	"		
VIII I g. The plan should be formalized and should include specific short-term and long-term goals related to at least the following areas: (4) social skills and recreation;	"		
VIII I g. The plan should be formalized and should include specific short-term and long-term goals related to at least the following areas: (5) family involvement.	"		

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VIII I h. In all cases where a child was placed in an institution as a result of an incident of child abuse and neglect, a copy of the Treatment Plan should be given to the local agency for subsequent transmission to the Central Register.	State Agency Procedural Manual		
VIII I i. The child's progress and the effectiveness of treatment should be reviewed regularly by the institution and by the child protective caseworker assigned to monitor the family's treatment. This review should include an assessment of whether or not the child can be returned to his family.	"		
VIII J a. The child protective service, probation service, agency awarded custody or guardianship of the child or other authorized person should commence a court proceeding for the enforcement of a disposition order whenever there is a <u>substantial violation by the parent</u> or other person or agency responsible for the care of the child.	"		
VIII J c. Orders placing a child outside his natural home should be reviewed after six months, after one year, and at least <u>every year</u> thereafter, with provision for earlier review upon motion by the Court, the child's attorney or the parents.	"		

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VIII J c. (1) If, in 18 months, it has not been possible to return a child to his family, a special review of the case should be made by the institution staff and local child protective agency.	State Agency Procedural Manual		
VIII J c. (2) The primary focus of the review should be a determination of whether adoption or permanent foster care should be pursued.	"		

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III A a. The State department should: (1) serve as a State clearinghouse on persons and groups providing or concerned with human services related to the prevention, identification, or treatment of child abuse or neglect;	State Child Abuse Specialist/ Program Manager		
III A a. The State department should: (2) compile, publish, and disseminate public, professional, and staff educational and training materials (these functions are described in Standard III G);	"		
III A a. The State department should: (3) provide, directly or indirectly, training and technical assistance (these functions are described in Standard III G);	"		
III A a. The State department should: (4) foster the development of improved and additional State and local programs and activities;	"		
III A a. The State department should: (5) encourage the assumption of prevention and treatment responsibilities by additional agencies and groups;	"		
III A a. The State department should: (6) encourage the coordination of existing programs and activities;	"		

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III A a. The State department should: (7) conduct, support or foster research and demonstration projects (see Standard III H).	State Child Abuse Specialist/ Program Manager		
III A b. A "State Child Abuse and Neglect Coordinating Committee" of representatives of appropriate State agencies should be convened by the head of the State department for the purpose of: (1) coordinating and assisting State efforts to strengthen and improve child abuse and neglect prevention and treatment;	"		
III A b. A "State Child Abuse and Neglect Coordinating Committee" of representatives of appropriate State agencies should be convened by the head of the State department for the purpose of: (2) ensuring that there is proper consultation and cooperation between the State department and other appropriate State agencies.	"		
III A c. The "State Child Abuse and Neglect Coordinating Committee" should be chaired by the head of the State department, or a person appointed by him, and composed of representatives from the appropriate State agencies providing or concerned with human services related to the prevention, identification and treatment of child abuse and neglect.	"		
III A d. An "Annual Report on Child Abuse and Neglect Prevention and Treatment" in the State should be prepared and transmitted to the Governor and the Legislature at least 45 days before the beginning of the State's fiscal year.	"		

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III A e. The annual report should: (1) detail the specific acts taken to implement the provisions of pertinent State law(s) and the nature, accomplishments, and shortcomings of State and local child abuse and neglect prevention and treatment efforts, including: a description of the activities of the State department, the various local child protective services, and other relevant public, private and parental groups or agencies; a statistical analysis of the case reports made to the statewide center; the State department's evaluation of services offered to the children and families involved; the State department's recommendations for additional legislation or services; and any other information deemed relevant.	State Child Abuse Specialist/ Program Manager		
III A e. The annual report should: (2) set forth State and local efforts to develop, strengthen and carry out child abuse and neglect efforts in the coming year based upon materials prepared pursuant to Title XX of the Federal Social Security Act and Public Law 93-247;	"		
III A e. The annual report should: (3) incorporate sections prepared by the State Child Abuse and Neglect Coordinating Committee and the Statewide Citizen's Committee on Child Abuse and Neglect which contain their comments, recommendations, or any other information they deem relevant to child abuse and neglect prevention and treatment efforts.	"		
III A f. Unless there is urgent necessity, there should be a 45 day public notice period during which time the regulations and programs adopted by the State department can be examined and commented upon to create public awareness of and to stimulate input in their formulation.	"		

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III A g. If there is an "urgent necessity" for the immediate adoption of a particular regulation or form, the commissioner of the State department should be able to waive or shorten the notice period by issuing a written statement certifying the existence of "urgent necessity."	State Child Abuse Specialist/ Program Manager		
III A h. The State department should be able to request from any public agency or agency receiving public funds, or any other agency providing services under the local child protective services plan, such cooperation, assistance, and information as would enable the State department and local agencies to implement the provisions and fulfill their responsibilities under pertinent State law(s).	"		
III C a. The local agencies designated to perform investigations may be part of the State agency or they may be independent local agencies.	"		
III C b. The State agency should be <u>ultimately responsible and provide general monitoring</u> of the overall progress of investigations performed by the local agencies.	"		
III C c. The personnel assigned, within these local agencies, to the child protective and investigative functions should be placed in an independent, single administrative group.	"		

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III G a. The public education program should utilize all media, e.g., newspapers, billboard advertising, television, radio, and public speakers, to disseminate information on a regular and planned basis.	State Child Abuse Specialist/ Program Manager		e
III G b. Information conveyed to the general public should address: (1) the nature, problems, and extent of child abuse and neglect;	"		
III G b. Information conveyed to the general public should address: (2) indicators and characteristics of children at risk;	"		
III G b. Information conveyed to the general public should address: (3) the desirability and methods for individuals to obtain assistance in meeting their parental responsibilities;	"		
III G b. Information conveyed to the general public should address: (4) the necessity of reporting suspicions of child abuse and neglect;	"		
III G b. Information conveyed to the general public should address: (5) the methods of reporting suspicions, including as applicable, wide publicity on the existence and number of the twenty-four hour, State-wide, toll-free telephone service;	"		

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III G b. Information conveyed to the general public should address: (6) the penalty for failing to report if mandated to do so.	State Child Abuse Specialist/ Program Manager		
III G c. Public relations activities should focus on improving the coordination and cooperation of all agencies, groups, and professions involved in child abuse and neglect. These activities should also be directed to improving and maintaining good press relations; obtaining necessary financial support for new and improved efforts and programs; and obtaining or improving appropriate legislation.	"		
III G d. The State agency should be responsible for compiling and publishing training and education materials for use by counties and communities throughout the State. The development of these materials and programs should be coordinated with the local agencies designated to provide child protective services.	"		
III G e. Training and education should be available for all disciplines which are or should be involved in the prevention and treatment of child abuse and neglect. Generalized, multi-disciplinary courses and seminars should be provided to increase the understanding of the roles that different professions have, and to increase cooperation and coordination between individuals from different disciplines.	"		

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III G e. Training and education should be available for all disciplines which are or should be involved in the prevention and treatment of child abuse and neglect. Specialized courses and seminars also need to be provided for specific disciplines to provide in-depth information on such things as: the identification of child abuse and neglect, legal reporting requirements, the need to report, the procedures for reporting, interviewing techniques, and court procedures.	State Child Abuse Specialist/ Program Manager		
III G f. Pamphlets, manuals, and speakers at professional associations and appropriate civic groups should be available to supplement training and education courses.	"		
III G g. The State agency should work with the local agencies and the local Community Child Protection Coordinating Committees to evaluate the impact and effectiveness of the local public education campaigns, public relations, and training and education program. This will require that certain records and information be collected and maintained for subsequent analysis and evaluation, i.e., frequency of media coverage, speeches made, materials disseminated, attendance in courses, etc.	"		
VII B a. The State agency should designate, through a written agreement, the public or private agency or agencies (or formal, special committee) that should investigate reports of known or suspected child abuse and neglect.	"		

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VII B b. The designated agency or agencies should be different from and separately administered from the one involved in the alleged acts or omissions. Subject to this limitation, the agency may be the State Agency, the local child protective service, or a law enforcement agency.	State Child Abuse Specialist/ Program Manager		
VII B c. The State Agency, when necessary, should be able to purchase the services of the public or private agency designated to investigate reports of known or suspected child abuse and neglect.	"		
VII B d. The written agreement with the designated agency or agencies should specify the terms and conditions of the designation, addressing such things as the following: (1) reports of institutional child abuse and neglect are expected to be made using the single statewide telephone number;	"		
VII B d. The written agreement with the designated agency or agencies should specify the terms and conditions of the designation, addressing such things as the following: (2) the State agency will immediately transmit the reported information to the investigative agency;	"		

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VII B d. The written agreement with the designated agency or agencies should specify the terms and conditions of the designation, addressing such things as the following: (3) the investigative agency should have the capability to receive reports and initiate an emergency investigation 24 hours a day, seven days a week.	State Child Abuse Specialist/ Program Manager		
VII B e. Procedures for conducting an investigation of suspected or known child abuse and neglect should be developed by the State agency in conjunction with the agency or agencies designated to perform investigations. These procedures, which should be described in the written agreement, should include the following points: (1) upon initiating an investigation the reported information and the reliability of the reporting source should be evaluated and the actual whereabouts and <u>conditions</u> of the subject child should be verified;	"		
VII B e. Procedures for conducting an investigation of suspected or known child abuse and neglect should be developed by the State agency in conjunction with the agency or agencies designated to perform investigations. These procedures, which should be described in the written agreement, should include the following points: (2) in emergency situations where a child's safety may be endangered, the agency should begin the investigation immediately;	"		

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VII B e. Procedures for conducting an investigation of suspected or known child abuse and neglect should be developed by the State agency in conjunction with the agency or agencies designated to perform investigations. These procedures, which should be described in the written agreement, should include the following points: (3) in all other situations the investigation should be commenced within 24 hours;	State Child Abuse Specialist/ Program Manager		
VII B e. Procedures for conducting an investigation of suspected or known child abuse and neglect should be developed by the State agency in conjunction with the agency or agencies designated to perform investigations. These procedures, which should be described in the written agreement, should include the following points: (4) the institution in which the abuse and neglect is alleged to have occurred should be notified of the report and told who will be performing the independent investigation. The subject institution should also be asked to initiate its own evaluation of the alleged situation.	"		
VII B e. Procedures for conducting an investigation of suspected or known child abuse and neglect should be developed by the State agency in conjunction with the agency or agencies designated to perform investigations. These procedures, which should be described in the written agreement, should include the following points: (5) representatives of the investigatory agency should see the child at the earliest possible time. If the child is still in the institution in which the alleged abuse and neglect occurred, an assessment should be made whether the child should be moved to another institution to insure his safety, or whether the child can safely remain in the institution with some administrative safeguards.	"		

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VII B e. Procedures for conducting an investigation of suspected or known child abuse and neglect should be developed by the State agency in conjunction with the agency or agencies designated to perform investigations. These procedures, which should be described in the written agreement, should include the following points: (6) the fact that the subject institution initiates an investigation should not in any way limit the thoroughness and comprehensiveness of the independent investigation.	State Child Abuse Specialist/ Program Manager		
VII B e. Procedures for conducting an investigation of suspected or known child abuse and neglect should be developed by the State agency in conjunction with the agency or agencies designated to perform investigations. These procedures, which should be described in the written agreement, should include the following points: (7) parallel public agencies involved with the child and the institution should also be informed of the allegation. Such agencies may be helpful in providing additional information which might have significant bearing on the evaluation and investigation as well as on any subsequent corrective remedies.	"		
VII B e. Procedures for conducting an investigation of suspected or known child abuse and neglect should be developed by the State agency in conjunction with the agency or agencies designated to perform investigations. These procedures, which should be described in the written agreement, should include the following points: (8) during the investigation, information related to the allegation should be gathered from the following sources: the individual who made the report, institution personnel, the child, parents, and collateral community resources such as medical or educational resources to determine if the child has been deprived of any services that are appropriate to his needs.	"		

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VII B e. Procedures for conducting an investigation of suspected or known child abuse and neglect should be developed by the State agency in conjunction with the agency or agencies designated to perform investigations. These procedures, which should be described in the written agreement, should include the following points: (9) if appropriate, medical and/or psychological assessments of the child should be obtained.	State Child Abuse Specialist/ Program Manager		
VII B e. Procedures for conducting an investigation of suspected or known child abuse and neglect should be developed by the State agency in conjunction with the agency or agencies designated to perform investigations. These procedures, which should be described in the written agreement, should include the following points: (10) an on-site inspection and audit of the institution should always be made early in the investigative phase to determine if conditions exist which could have contributed to the abuse and neglect.	"		
VII B e. Procedures for conducting an investigation of suspected or known child abuse and neglect should be developed by the State agency in conjunction with the agency or agencies designated to perform investigations. These procedures, which should be described in the written agreement, should include the following points: (11) the investigation should be completed within 60 days after the report was received. An extension of an additional 30 days should be available as an option, if requested, and if approved by the State agency's child protection center.	"		
VII B f. Upon completion of the investigation, a fact-finding review should be held to determine if the reported institutional child abuse and neglect is unfounded, indicated, or founded.	"		

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VII B g. The institution under investigation should be able to fully participate in the review and assessment of all relevant facts which pertain to the allegation (except those necessitating the disclosure of individuals' identities which would breach confidentiality agreements). The subject institution should also be given the opportunity to share the results of its own inquiry and to state its reactions to the allegations and to the investigation.	State Child Abuse Specialist/ Program Manager		
VII B h. If there is a confirmation and substantiation by the State-designated authority that the report is indicated, the institution should be given the opportunity to consider the matter and to investigate further, if necessary. The additional period of time granted to the subject institution should not exceed two weeks.	"		
VII B i. The final investigative conclusions should be documented in a report and submitted to the State department for its review and the appropriate action, <u>including referral to licensing and law enforcement authorities.</u>	"		
VII C a. The institution in which the child abuse and neglect was indicated or founded should be required to present to the State department a strategy for corrective action which is the most feasible given its operating realities.	"		

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VII C b. The institution's corrective strategy should always contain a component to ensure that there will be no repetition of the situation.	State Child Abuse Specialist/ Program Manager		
VII C c. The State Agency should review the institution's corrective strategy and suggest appropriate, additional corrective action.	"		
VII C d. If the State Agency and the subject institution are unable to reach an agreement regarding appropriate corrective action, the State Agency should initiate a conciliation process to resolve the matter.	"		
VII C e. To achieve conciliation, when it becomes necessary, the State Agency should convene an Advisory Board with representative membership of the community's leading citizens and professionals who demonstrate a strong concern for children. A three-member team should be selected from the Board to act as active conciliators.	"		
VII C f. The Advisory Board's conciliation team's recommendations should be reasonable under the circumstances and may be considered binding. The team's recommendations should be reinforced by State authority to the extent that failure of the institution to comply with the recommended corrective actions could result in the revocation of the institution's licensing to operate.			

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VII C g. The final corrective action strategy should be documented in a report and submitted to the State Agency for final review. In instances where the institutional abuse and neglect was founded, both the report on investigative results and the report on corrective action should be considered as public documents.	State Child Abuse Specialist/ Program Manager		
VII D a. States and communities should develop programs and materials to: (1) enhance public awareness of institutional child abuse and neglect;	"		
VII D a. States and communities should develop programs and materials to: (2) stimulate citizen participation in planning appropriate residential services for children. These public awareness efforts should address such things as: the situations which foster institutional child abuse and neglect; what is being or could be done to correct these situations; and the manner in which citizens and families can help children who have to live in institutions.	"		
VII D b. The State Agency should establish a Review Board to Prevent Institutional Child Abuse and Neglect.	"		
VII D c. The Review Board should develop State standards for child care in institutions, foster homes, group homes, and other residential settings.	"		

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VII D d. The Review Board should designate a team of people, i.e., selected members of the Board, to assess the conditions and quality of all institutions in which children are placed. All categories of institutions should be regularly audited in terms of the State's basic standards for child care and in terms of the institutions' fiscal policies and procedures. This should include on-site, unannounced audits of a specified number of facilities each year (including a random selection of foster homes).	State Child Abuse Specialist/ Program Manager		
VII D e. The on-site, unannounced audits should focus on a review and evaluation of such things as: (1) the range and quality of services available to the children (food, clothing, living conditions, etc.) as these relate to the State's basic standards of residential child care;	"		
VII D e. The on-site, unannounced audits should focus on a review and evaluation of such things as: (2) the institution's policies on child management, child development and treatment;	"		
VII D e. The on-site, unannounced audits should focus on a review and evaluation of such things as: (3) the institution's fiscal priorities, including the review of all purchase-of-service agreements, to ensure that spending for the children's needs (clothing, living quarters, service needs, etc.) take priority over capital expenditures intended for administrative use only;	"		

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VII D e. The on-site, unannounced audits should focus on a review and evaluation of such things as: (4) number and qualification of staff; staff selection, screening, performance evaluation, and staff rotation policies and procedures; staff supervision; and staff in-service training opportunities.	State Child Abuse Specialist/ Program Manager		
VII D f. Each on-site institutional audit should be documented in a report and submitted to the State Agency and to the subject institution. The report should, as appropriate, contain recommendations for corrective action. (See Standard VII C for information on corrective action approaches.)	"		
VII D g. To further prevent institutional child abuse and neglect, each local institution should be required to establish an internal Staff Council which would do such things as: (1) develop internal reporting procedures for incidents of known or suspected child abuse and neglect;	"		
VII D g. To further prevent institutional child abuse and neglect, each local institution should be required to establish an internal Staff Council which would do such things as: (2) accept reports of child abuse and neglect and make an official report to the State Agency via the State-wide, toll-free telephone number;	"		

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VII D g. To further prevent institutional child abuse and neglect, each local institution should be required to establish an internal Staff Council which would do such things as: (3) perform internal assessments of policies, programs, facilities and services, and perform investigations of any reports of suspected child abuse and neglect;	State Child Abuse Specialist/ Program Manager		
VII D g. To further prevent institutional child abuse and neglect, each local institution should be required to establish an internal Staff Council which would do such things as: (4) promote staff involvement in evaluating the functioning of the institution and its personnel, and in determining staff training needs;	"		
VII D g. To further prevent institutional child abuse and neglect, each local institution should be required to establish an internal Staff Council which would do such things as: (5) inform families of their rights and provide them with an avenue of redress if their own plans for their children are in conflict with those of the institution or the children or both.	"		

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IV B a. The training of child protective workers should emphasize that the major purposes of an investigation are to: (1) determine whether or not the child is safe and not in any imminent danger;	State CPS Training Curriculum		
IV B a. The training of child protective workers should emphasize that the major purposes of an investigation are to: (2) determine the accuracy of the report;	"		
IV B a. The training of child protective workers should emphasize that the major purposes of an investigation are to: (3) determine whether any other children, under the same care as the child mentioned in the report, are in danger of abuse or neglect;	"		
IV B a. The training of child protective workers should emphasize that the major purposes of an investigation are to: (4) assess the child's (or children's) and parents' need for emergency or immediate services.	"		
IV B b. All child protective workers assigned to investigate reported, suspected cases of child abuse and neglect should be aware that their role is primarily to protect the child and secondarily to develop a casework relationship with the family.	"		

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IV B c. Each worker should be informed about and actively support the authority and responsibility of the agency to: (1) protect children;	State CPS Training Curriculum		
IV B c. Each worker should be informed about and actively support the authority and responsibility of the agency to: (2) assess the need and arrange for both emergency and long-term services to reduce or remove the threat of abuse and neglect;	"		
IV B c. Each worker should be informed about and actively support the authority and responsibility of the agency to: (3) take the necessary legal action when charge is not possible and when there is a real hazard to the child.	"		
IV B d. Procedures should exist to waive the investigation when a professional or another social agency is already providing treatment to the family, and: (1) the protective and service needs of the child and family can be met by the agency or individual;	"		
IV B d. Procedures should exist to waive the investigation when a professional or another social agency is already providing treatment to the family, and: (2) the agency or individual agrees to attempt to do so;	"		

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IV B d. Procedure, should exist to waive the investigation when a professional or another social agency is already providing treatment to the family, and: (3) suitable safeguards are established and observed, including: (a) agreement from the agency or individual to report periodically on the status of the family; (b) agreement to report immediately to the local service when the child's safety or well-being is threatened despite the agency's or individual's efforts; and (c) periodic monitoring of the agency's or individual's efforts by the local service for a reasonable period of time.	State CPS Training Curriculum		
IV B e. Specifically defined procedures should exist, and each protective worker should be trained to follow such procedures for placing a child in protective custody. (See Standard IV F and Section VIII for specifics.)	"		
IV B f. In any case which involves the death of a child, the child protective worker should be aware of the necessity of immediately notifying, by telephone, the appropriate district attorney and medical examiner or coroner.	"		
IV B g. Training should be provided on the procedures for obtaining a medical assessment of a child and, when appropriate, for obtaining a psychological evaluation of the parent(s) and child.	"		

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IV B h. Standardized forms, for documenting information collected during investigations, should be reviewed and explained to all child protective workers who will be assigned to investigate reports.	State CPS Training Curriculum		
IV B i. Investigative information and evidence should be gathered and recorded with great care as if it were going to be tested in the rigors of a court trial. To the extent feasible, the information collected should be concrete and specific.	"		
IV B j. All information collected, through interviews or other methods, should be considered confidential. The confidentiality of interviews should be particularly stressed when individuals outside the family are seen so that gossip about the family is discouraged.	"		
IV B k. All child protective workers should be trained in interviewing techniques with emphasis on those approaches and techniques that are needed in interviewing parents involved in a suspected case of child abuse and neglect. This training should include: (1) establishing a cooperative atmosphere through such things as showing honest respect for the parents and their capabilities, honest and forthright behavior, and sympathetic and non-judgmental listening.	"		

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IV B k. All child protective workers should be trained in interviewing techniques with emphasis on those approaches and techniques that are needed in interviewing parents involved in a suspected case of child abuse and neglect. This training should include: (2) informing parents of their rights and of the fact that collateral interviews will take place. (See Standard IV E for specifics about the rights of parents and children.)	State CPS Training Curriculum		
IV B k. All child protective workers should be trained in interviewing techniques with emphasis on those approaches and techniques that are needed in interviewing parents involved in a suspected case of child abuse and neglect. This training should include: (3) obtaining facts about the alleged incident of child abuse and neglect.	"		
IV B k. All child protective workers should be trained in interviewing techniques with emphasis on those approaches and techniques that are needed in interviewing parents involved in a suspected case of child abuse and neglect. This training should include: (4) soliciting information about how the parents perceive themselves, each other, the child in question, other siblings, and information on the parents' knowledge and skills about child rearing.	"		

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IV B k. All child protective workers should be trained in interviewing techniques with emphasis on those approaches and techniques that are needed in interviewing parents involved in a suspected case of child abuse and neglect. This training should include: (5) detecting similarities in multiple interviews which would tend to make the alleged incident indicated or not indicated, and detecting contradictions and inconsistencies in multiple interviews.	State CPS Training Curriculum		
IV B k. All child protective workers should be trained in interviewing techniques with emphasis on those approaches and techniques that are needed in interviewing parents involved in a suspected case of child abuse and neglect. This training should include: (6) using the content and context of interviews with people outside the family in assessing the additional questions that should be asked the family and in assessing their reactions.	"		
IV B l. Protective workers should also be given training in what to observe or look for in the home, the family dynamics, and the condition and reactions of the child and his siblings and how to interpret these observations.	"		

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III H a. The Special Unit should develop needs assessment strategies, instruments, and plans for use by counties and communities in the State to: (1) assess the availability and adequacy of existing programs and services; (2) assess needs that are not being met; and (3) identify problems in providing or coordinating services that need to be resolved. In designing these needs assessment instruments and strategies, emphasis should be placed on collecting information that will facilitate the formulation of research, evaluation and demonstration priorities and plans.	State Research Evaluation and Planning Unit		
III H b. The Special Unit should coordinate their overall, State-wide information requirements with the Central Register system staff in order: (1) to ensure that the information useful for developing plans and strategies is available; (2) to encourage, to the extent feasible and practical, the routine maintenance of data in the Central Register system and the preparation of special reports which would be beneficial for research and evaluation purposes; and (3) to have information available which will permit some generalized analysis and evaluation by the Unit on such things as variations in reporting in different areas or counties of the State, caseload variations, ratio of caseload to staff, etc.	"		

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III H c. The State agency, through the Special Unit, should strive to minimize duplication of effort by developing research, evaluation, and demonstration program priorities and associated short and long-range plans for dissemination to all interested individuals and groups. In developing these priorities and plans, consideration should be given to needs assessment results and to counties' and communities' recommendations on areas that should be emphasized. And, efforts should be made to obtain information and recommendations from a variety of individuals and groups who are actively concerned with the prevention and treatment of child abuse and neglect.	State Research Evaluation and Planning Unit		
III H d. To clarify the research priorities and plans, statements of research objectives should be prepared. To support the plan for evaluations, the Unit should develop statements of evaluation requirements which clearly delineate such things as: the purpose of the evaluation; specifically what program(s) or program component(s) is to be evaluated; a description of the program or program component and the status of the program, i.e., whether it is an experimental demonstration program or an operational program; the time period during which the evaluation is to be conducted; and a summary of the proposed effort which discusses the additional knowledge that is needed, any specific methodology that should be used, etc.	"		
III H e. The Unit should also establish: (1) guidelines for the content and format of research, evaluation, and demonstration proposals; and (2) quality-control standards and guidelines for use by projects, particularly State-funded projects, in such things as the preparation of reports which document results, etc. The purpose of these guidelines is to facilitate comparison of proposals and comparison of results.	"		

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III H f. A review panel, composed of experts who can represent the viewpoints and perspectives of consumers, programs, and the private sector should be established. The purpose of this panel would be to review proposals, make recommendations to the Unit regarding the award of grants and contracts, and as appropriate assist in the assessment of results.	State Research Evaluation and Planning Unit		
III H g. All State-funded research, evaluation and demonstration projects should be monitored by the Special Unit for compliance with the quality-control standards and guidelines. And, personnel in the Unit should work with other projects in the State to encourage the adoption of the State established standards and guidelines in order to facilitate the overall assessment of results.	"		
III H h. The State agency Special Unit should have personnel who are qualified to assess research, evaluation, and demonstration results in terms of the benefits of the findings and the manner in which these findings can be translated into operational improvements for child abuse and neglect programs in the State. As part of the overall assessment of results the Unit should: (a) sponsor demonstration projects on a pilot basis to test promising research results; (b) check results against the research, evaluation, and demonstration plans and priorities and modify them as necessary; and (c) make recommendations to other agencies based on results about changes or standards that could or should be adopted.	"		

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III H i. Research and evaluation results (both from research conducted within the State as well as any other applicable results that come to the attention of the unit) should be publicly announced, routinely disseminated to those individuals and groups who request such routine receipt of results, and disseminated to others, as appropriate, when an inquiry is received.	State Research Evaluation and Planning Unit		
III H j. To stimulate the utilization of applicable research, demonstration, and evaluation results, the Unit should conduct workshops and seminars and provide technical assistance and consultation to programs. Factors to be addressed should include such things as: the relationship between the needs or problems identified during needs assessment studies and the results; the benefits that the research, evaluation, or demonstration results could have to a program; and the requirements and approaches that are pertinent to implementing resultant findings.	"		

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VII A b. All community agencies and facilities in which children are placed should be fully accredited and licensed by the State, which <u>should professionally monitor and evaluate these community agencies and facilities on a regular basis.</u> (See Standard VII D for additional information on monitoring.)	State Residential Licensing Specialist		
VII A c. The community should provide services of comparable quality to children at all socio-economic levels. No child should be denied needed residential treatment because his family is unable to pay for it.	"		
VII A d. An institution's facilities should provide adequate shelter, food, and clothing as well as appropriate educational, recreational, and medical services to every child in care. Specifically: (1) the shelter provided to a child should be designed to protect his safety and health and at the same time it should approximate a normal home living arrangement as closely as possible. For example, the utilization of services of cottages to comprise a large institutional setting is preferable to one, massive, dormitory-like structure.	"		
VII A d. An institution's facilities should provide adequate shelter, food, and clothing as well as appropriate educational, recreational, and medical services to every child in care. Specifically: (2) the food provided to a child by a residential "institution" (or agency foster parents) should be nutritious, substantial, and varied. There should also be some flexibility in the distribution of meal services in congregate settings so that residents are not required to consistently have their meals together.	"		

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VII A d. An institution's facilities should provide adequate shelter, food, and clothing as well as appropriate educational, recreational, and medical services to every child in care. Specifically: (3) the clothing provided to each child should be varied and of good quality. Older children should be permitted to choose their own clothes and offered a budget allowance for this purpose. Children should be entitled to keep their own clothing and other personal possessions in a secure place rather than being clothed from an impersonal communal wardrobe.	State Residential Licensing Specialist		
VII A d. An institution's facilities should provide adequate shelter, food, and clothing as well as appropriate educational, recreational, and medical services to every child in care. Specifically: (4) the educational opportunities provided to each child should be at least as good as those which are available in the community. Whenever possible, a child should attend a community school. When special education is needed, it should be provided through community resources if possible. Otherwise, the institution should seek to develop alternative educational resources under its own auspices. Every child capable of doing so should be encouraged to complete high school and to pursue vocational interests or college-level endeavors.	"		
VII A d. An institution's facilities should provide adequate shelter, food, and clothing as well as appropriate educational, recreational, and medical services to every child in care. Specifically: (5) the recreational outlets afforded to a child should closely parallel those that are available in the community. Opportunity should exist for informal play as well as more structured social and recreational activities.	"		

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VII A d. An institution's facilities should provide adequate shelter, food, and clothing as well as appropriate educational, recreational, and medical services to every child in care. Specifically: (6) the medical services provided by an institution should include provision, on a regular basis, for all of a child's regular medical and dental needs. In addition, any social work and psychiatric services needed should be provided or secured.	State Residential Licensing Specialist		
VII A d. An institution's facilities should provide adequate shelter, food, and clothing as well as appropriate educational, recreational, and medical services to every child in care. Specifically: (7) in no instance should medication be administered as a control measure except under competent medical supervision and accompanied by suitable psychotherapeutic support services.	"		
VII A d. An institution's facilities should provide adequate shelter, food, and clothing as well as appropriate educational, recreational, and medical services to every child in care. Specifically: (8) whenever special clinical services are needed, i.e., psychotherapeutic, medical, or dental, the institution should promptly secure them (from the community, if possible), on the child's behalf.	"		
VII A e. Each institution's treatment philosophy and policies--as reflected in its programs and services--should provide for each child's emotional and developmental needs. Equity of care, i.e., a non-discriminatory approach, should be demonstrated throughout the range of programs and services.	"		

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VII A f. An institution's administration and staff should demonstrate sufficient professional knowledge and skill to enable them to adequately meet each child's needs.	State Residential Licensing Specialist		
VII A g. Institutions should maintain policies which encourage community and family participation in programming and other institutional activities.	"		
VII A h. Emphasis should be placed on the two service goals of providing a child: (1) with those services that will promote his reintegration into normal community life;	"		
VII A h. Emphasis should be placed on the two service goals of providing a child: (2) with enhanced adaptive skills for normal community life.	"		

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III I d. The committee should adopt procedures detailing the committee's functions and role within the State. These should include: (1) consulting and advising the Governor, and the State child abuse and neglect coordinating committee;	Chairperson of Statewide Citizen's Committee on CA/N		
III I d. The committee should adopt procedures detailing the committee's functions and role within the State. These should include: (2) conferring with any individuals, groups and agencies;	"		
III I d. The committee should adopt procedures detailing the committee's functions and role within the State. These should include: (3) coordinating programs jointly sponsored by State agencies, or by State agencies and local agencies or organizations, and encouraging cooperation among them;	"		
III I d. The committee should adopt procedures detailing the committee's functions and role within the State. These should include: (4) advocating and publicizing state legislation related to protective services;	"		
III I d. The committee should adopt procedures detailing the committee's functions and role within the State. These should include: (5) encouraging that the efforts of all local programs and procedures be coordinated state-wide;	"		

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III I d. The committee should adopt procedures detailing the committee's functions and role within the State. These should include: (6) coordinating statewide public relations and public education and awareness efforts;	Chairperson of Statewide Citizen's Committee on CA/N		
III I d. The committee should adopt procedures detailing the committee's functions and role within the State. These should include: (7) issuing reports or recommendations and, possibly, statements to the press on any aspect of child abuse;	"		
III I d. The committee should adopt procedures detailing the committee's functions and role within the State. These should include: (8) studying the feasibility of implementing services that might benefit abused or neglected children or families at risk that are not presently being utilized;	"		
III I d. The committee should adopt procedures detailing the committee's functions and role within the State. These should include: (9) examining existing policies and programs that might be hampering the treatment of abused and neglected children.	"		

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V E a. Evaluations should be performed by a team of people assigned to the task on a full-time basis (part-time in smaller communities) through special details, contract, or grant, until the evaluation is concluded.	Local Agency Administrator		
V E b. The evaluation team should closely coordinate its efforts with the State agency's special unit for research, evaluation and demonstrations. Needs' assessment strategies, instruments and plans developed by this special State unit should be utilized, as appropriate, in conducting the local evaluation. This will enable information collected in different communities to be analyzed, compared, and used to formulate long-range State plans for research and evaluation.	"		
V E c. Information on trends which are available for the community should be obtained from the Central Register, e.g., increase or decrease of cases reported; sources of reports; percentage of cases founded, unfounded, and indicated; number of cases that required more than the established time for the investigation to be completed; increase or decrease in numbers of families being treated; minimum, average, and maximum duration of treatment; treatment services used and frequency of use; number of reports of suspected abuse and neglect made while the family was in treatment as well as after treatment was terminated; correlations among the above categories as appropriate, and so forth.	"		

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V E d. During the course of the evaluation effort, the team should closely coordinate its additional information needs with the Central Register staff to determine if the information can be provided and to assess the type of additional information that should be collected and maintained to facilitate subsequent evaluation efforts.	Local Agency Administrator		
V E e. The evaluation should focus on the overall system, i.e., the range of resources that are available in the community (from public awareness and training efforts through delivery of twenty-four hour emergency services and general treatment services); the frequency with which these resources are used; and the correlation between trends and use of resources.	"		
V E f. A sample of individual cases should also be evaluated to obtain some specific information on such things as: (1) how the incident was identified, by whom reported, and the influence that public awareness or specific training may have had in identification or reporting;	"		
V E f. A sample of individual cases should also be evaluated to obtain some specific information on such things as: (2) duration of investigation, information obtained, individuals involved in collecting information, number of contacts with the family, number and source of interviews and contacts other than family, services offered during investigation, and results;	"		

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V E f. A sample of individual cases should also be evaluated to obtain some specific information on such things as: (3) treatment plan goals and services recommended, services actually offered and utilized, services that were indicated but not available, number of times if any that treatment plan had to be changed, frequency of use and continuity of each service, assessment of quality of each service, methods used to coordinate services, number and type of contacts between protective worker(s) and family during treatment, any problems encountered, duration and results of treatment, whether or not treatment met goals in treatment plan, type of post-treatment follow-up performed, stability of family at time of follow-up, etc.	Local Agency Administrator		
V E g. The results of the evaluation should be documented in accordance with guidelines established by the State Agency and a copy of the report should be sent to the State Agency.	"		

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I B a. A community agency should be designated to provide a twenty-four hour telephone help line <u>for parents seeking help or advice.</u>	Local CPS Supervisor		
I B b. This same agency should also have a caseworker, available or on call, who is trained in crisis intervention and who can meet with the family when necessary in a short period of time, provide assistance to the family, and arrange for necessary emergency services.	"		
I B d. Some communities might wish to stimulate private and church groups to develop Emergency Neighborhood Crisis Centers which could provide some crisis-oriented services as well as serve as an advocate in helping families learn where and how to get the additional help they need.	"		
I B e. All agencies providing specialized resources to families at risk or in-crisis should have follow-up or <u>referral services to maintain contact with families</u> after the immediate crisis is resolved in order to assess the effectiveness of services already provided and to identify future needs.	"		
I C a. The emphasis of public awareness efforts should be on informing the public that community resources can help many families function effectively if they accept appropriate helping services. Parents and individuals should be encouraged to seek help through self-referral.	"		

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I C b. The method of obtaining help from each major resource should be widely disseminated through media campaigns, advertisements, radio and TV announcements, and so forth.	Local CPS Supervisor		
I C c. Local Community Child Protection Coordinating Committees should actively, through their public relations activities, encourage local agencies to be hospitable to self-referrals. (See Standard V C for additional information on Child Protection Coordinating Committees.)	"		
IV A a. If the child protective service is denied reasonable access to the child by the parents or other persons, and the service deems that the best interest of the child so requires, it should seek an appropriate court order or other legal authority to see the child.	"		
IV A b. The local agencies should be able to make an emergency investigation seven days a week, twenty-four hours a day.	"		
IV A c. Capability should exist for the local agencies to provide, purchase or arrange for emergency children's services. This should include adequate arrangements for protective custody.	"		

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IV A d. Whenever a child is in imminent danger of harm, the local agency should be able to take action in an emergency, utilizing available services, regardless of the time of day.	Local CPS Supervisor		
IV A e. A preliminary investigation and assessment should be concluded within seven days after the report was received.	"		
IV A f. If a law enforcement investigation is contemplated or in progress, the child protective service should attempt to coordinate its efforts.	"		
IV A g. (1) A determination of the validity of the report should be completed within sixty days after it was made.	"		
IV A g. (2) The local agency should, in unusual circumstances, have the option of extending an investigation for another thirty days if concurrence is obtained from the State agency.	"		
IV C g. If there is doubt about whether the report is unfounded, or whether the report requires additional investigation, the case should be reviewed with the Interdisciplinary Team. (See Standard V B for additional information on the <u>Interdisciplinary Team</u> .)	"		

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IV D f. During the course of the investigation, the worker assigned to the case should confer with other members of the child protective unit so that experience gained by different members is shared and various options and alternatives can be reviewed.	Local CPS Supervisor		
IV D g. When it is judged to be appropriate, by the worker assigned to the case and by the supervisor, the investigative progress and findings should be reviewed by the <u>Interdisciplinary Team</u> . (See Standard V B.)	" 2		
IV E a. General oral advice given by the investigatory authority should include: (1) the nature of the investigation;	"		
IV E a. General oral advice given by the investigatory authority should include: (2) the investigatory authority's responsibilities;	"		
IV E a. General oral advice given by the investigatory authority should include: (3) the fact that the parent, guardian, or other person responsible can refuse services;	"		
IV E a. General oral advice given by the investigatory authority should include: (4) the fact that court action may result.	"		

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IV E b. Advice concerning legal assistance and rights given by the investigatory authority should include: (1) the right of the adults to consult legal counsel at every stage of the investigation or proceeding;	Local CPS Supervisor		
IV E b. Advice concerning legal assistance and rights given by the investigatory authority should include: (2) the fact that statements made to the investigator and evidence concerning home conditions may be introduced at court hearings;	"		
IV E b. Advice concerning legal assistance and rights given by the investigatory authority should include: (3) the right to a court hearing prior to removal of the child except under emergency conditions.	"		
IV F c. A child placed in protective custody should be taken to a place designated for this purpose by State statute or the juvenile court; such place should not be a jail or other secure facility used for the detention of criminal or juvenile offenders.	"		
IV F d. Any person taking a child into protective custody should immediately notify the appropriate local child protective service.	"		

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IV F e. When a child is placed in protective custody, the parents or other person responsible for the child should immediately be served with written notification detailing: (1) the reason for removal;	Local CPS Supervisor		
IV F e. When a child is placed in protective custody, the parents or other person responsible for the child should immediately be served with written notification detailing: (2) the location where the child is placed, <u>except when inappropriate</u> ;	"		
IV F e. When a child is placed in protective custody, the parents or other person responsible for the child should immediately be served with written notification detailing: (3) the date, time and place of the court hearing;	"		
IV F e. When a child is placed in protective custody, the parents or other person responsible for the child should immediately be served with written notification detailing: (4) the right of the parent to consult legal counsel and, if appropriate, the right to be assigned counsel by the court.	"		
IV F f. If a parent or other person responsible for the child is not present when the child is placed, the agency effecting removal should attempt to locate and serve the adult(s) immediately.	"		

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V A a. The local agency should be responsible for: (4) serving as a local clearinghouse on programs and groups providing child abuse and neglect related human services;	Local CPS Supervisor		
V A a. The local agency should be responsible for: (5) compiling, publishing and disseminating public, professional and staff educational and training materials as necessary to supplement (or modify for local needs) materials developed by the State.	"		
V A f. The local agency's cooperation and involvement with the appropriate public and private agencies should include: (1) joint consultation and services;	"		
V A f. The local agency's cooperation and involvement with the appropriate public and private agencies should include: (2) joint planning;	"		
V A f. The local agency's cooperation and involvement with the appropriate public and private agencies should include: (3) joint case management;	"		
V A f. The local agency's cooperation and involvement with the appropriate public and private agencies should include: (4) joint public education and information services;	"		

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V A f. The local agency's cooperation and involvement with the appropriate public and private agencies should include: (5) utilization of each other's facilities;	Local CPS Supervisor		
V A f. The local agency's cooperation and involvement with the appropriate public and private agencies should include: (6) joint staff development and other training;	"		
V A f. The local agency's cooperation and involvement with the appropriate public and private agencies should include: (7) the creation of inter-disciplinary case diagnostic, case handling, case management, and policy planning teams.	"		
V A g. The local agency should be able to purchase and utilize the services of any public or private agency so long as the agreement ensures the continuity of care and accountability between the two agencies.	"		
V A h. The local agency should be reimbursed by the State for those services which are purchased by it.	"		
V B a. The head of the child protective service or his designee should serve as the Team's coordinator.	"		

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V B b. The coordinator should invite representatives of appropriate health, mental health, social service and law enforcement agencies to become members of the Team.	Local CPS Supervisor		
V B c. The Team could be convened to consider when a child should be removed from his home by exploring: (1) whether removal is warranted or necessary;	"		
V B c. The Team could be convened to consider when a child should be removed from his home by exploring: (2) the temporary care alternatives that exist and the one that seems preferable;	"		
V B c. The Team could be convened to consider when a child should be removed from his home by exploring: (3) the immediate service needs of the family that have been identified during the investigation.	"		
V 3 d. The Team could review the investigative findings, determine any additional information that is needed, make recommendations on how such information might be obtained, and make an assessment as to the accuracy of the report.	"		
V B e. The Team could also provide guidance and assistance, when requested, to case workers in developing long-range treatment plans. (See Standard V! B for additional information on Treatment Plans.)	"		

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V C a. The Chairmen of the "Community Child Protection Advisory Board" should be appointed by the appropriate local chief executive officer.	Local CPS Supervisor		
V C b. The Board should include: (1) representatives of law enforcement agencies, the juvenile (or family) court and appropriate public, private, and parental organizations;	"		
V C b. The Board should include: (2) individuals of distinction in medical and social services, law, and community life who are broadly representative of all social and economic groups;	"		
V C b. The Board should include: (3) not less than five and not more than fifteen members, of whom at least twenty percent must be individuals of distinction not otherwise representative of a public, private, or parental organization or group.	"		
V C c. Individuals appointed to serve on the Committee should be of sufficient stature within their own agencies, and organizations such that their positions fully represent the interests, and reflect the policies, of their own agencies and organizations.	"		

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GUIDELINE IDENTIFICATION/GUIDELINE	SOURCE	CONFORM/ NOT CONFORM	SPECIFY IN WHAT WAYS NOT CONFORM
V C d. The "Community Child Protection Advisory Board" should be responsible for: (1) facilitating and expediting the delivery of comprehensive child protective services generally;	Local CPS Supervisor		
V C d. The "Community Child Protection Advisory Board" should be responsible for: (2) promoting and participating in the local public education program and local public relations activities, and ensuring that training and education courses and materials are available and utilized;	"		
V C d. The "Community Child Protection Advisory Board" should be responsible for: (3) advocating or encouraging the development of new or improved child abuse and neglect programs and activities in the communities, and involving additional agencies and groups, as appropriate;	"		
V C d. The "Community Child Protection Advisory Board" should be responsible for: (4) assisting in local efforts to improve the prevention, identification and treatment of child abuse and neglect, both in conjunction with the local agency and the local child protective service and independently;	"		
V C d. The "Community Child Protection Advisory Board" should be responsible for: (5) assisting the local child protective agency in the development of their "Local Plan for Child Protective Services" or its equivalent. (See Standard V D for additional information on the "Local Plan.")	"		

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GUIDELINE IDENTIFICATION/GUIDELINE	SOURCE	CONFORM/ NOT CONFORM	SPECIFY IN WHAT WAYS NOT CONFORM
V C e. In order to reconsider and, possibly, revise existing systems and programs the Board should have the authority to: (1) review a case's treatment progress against the Treatment Plan;	Local CPS Supervisor		
V C e. In order to reconsider and, possibly, revise existing systems and programs the Board should have the authority to: (2) investigate the quality and kind of services offered to families in particular cases;	"		
V C e. In order to reconsider and, possibly, revise existing systems and programs the Board should have the authority to: (3) examine confidential child protection agency files for these purposes.	"		
V C f. <u>The Board should be authorized to:</u> (1) meet at any time to consider any issue in relation to child abuse and neglect;	"		
V C f. <u>The Board should be authorized to:</u> (2) confer with any individuals, groups, and agencies;	"		
V C f. <u>The Board should be authorized to:</u> (3) issue reports or recommendations on any subject it deems appropriate.	"		

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GUIDELINE IDENTIFICATION/GUIDELINE	SOURCE	CONFORM/ NOT CONFORM	SPECIFY IN WHAT WAYS NOT CONFORM
V D a. Each local agency should prepare a "local plan" every two years to be approved by the Community Child Protection Advisory Board and the State <u>Agency</u> .	Local CPS Supervisor		
V D b. The Plan should be developed after consultation with the Advisory Board, local law enforcement agencies, the juvenile court (or family or other similar court), other relevant public, private and parental organizations, and individuals of distinction in human services, law and community life who are broadly representative of all social and economic sectors in the community. This consultation should take place before the preparation of the Plan.	"		
V D c. The Plan should address the following items: (1) the local agency's existing and projected organization, staffing, methods of operation, financing;	"		
V D c. The Plan should address the following items: (2) procedures or programs which have been implemented since submission of the previous Plan as well as procedures or programs which are planned for implementation or are recommended;	"		
V D c. The Plan should address the following items: (3) procedures and programs which should be addressed in the Plan should include such things as staff training;	"		

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GUIDELINE IDENTIFICATION/GUIDELINE	SOURCE	CONFORM/ NOT CONFORM	SPECIFY IN WHAT WAYS NOT CONFORM
V D c. The Plan should address the following items: (3) procedures and programs which should be addressed in the Plan should include such things as public and professional education and training;	Local CPS Supervisor		
V D c. The Plan should address the following items: (3) procedures and programs which should be addressed in the Plan should include such things as improvements or development of institutional or other facilities (public or private) to care for children;	"		
V D c. The Plan should address the following items: (3) procedures and programs which should be addressed in the Plan should include such things as programs and services, including multidisciplinary ones, to prevent and treat child abuse and neglect;	"		
V D c. The Plan should address the following items: (3) procedures and programs which should be addressed in the Plan should include such things as evaluation of staff workload, delays in investigation and required resources lacking;	"		
V D c. The Plan should address the following items: (3) procedures and programs which should be addressed in the Plan should include such things as provisions for purchase of services;	"		

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GUIDELINE IDENTIFICATION/GUIDELINE	SOURCE	CONFORM/ NOT CONFORM	SPECIFY IN WHAT WAYS NOT CONFORM
V D c. The Plan should address the following items: (3) procedures and programs which should be addressed in the Plan should include such things as inter-agency relations, coordination and cooperation;	Local CPS Supervisor		
V D c. The Plan should address the following items: (3) procedures and programs which should be addressed in the Plan should include such things as local agency procedures for the receipt, investigation and verification of reports;	"		
V D c. The Plan should address the following items: (3) procedures and programs which should be addressed in the Plan should include such things as terms and conditions under which the local agency may waive an investigation;	"		
V D c. The Plan should address the following items: (3) procedures and programs which should be addressed in the Plan should include such things as procedures for determining service needs for parents and children;	"		
V D c. The Plan should address the following items: (3) procedures and programs which should be addressed in the Plan should include such things as statistical reporting (e.g., number of cases reported, investigated, founded, etc.);	"		

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GUIDELINE IDENTIFICATION/GUIDELINE	SOURCE	CONFORM/ NOT CONFORM	SPECIFY IN WHAT WAYS NOT CONFORM
V D c. The Plan should address the following items: (3) procedures and programs which should be addressed in the Plan should include such things as procedures for providing, coordinating, and monitoring preventive and treatment services;	Local CPS Supervisor		2
V D c. The Plan should address the following items: (3) procedures and programs which should be addressed in the Plan should include such things as provisions for resort, when necessary, to criminal or juvenile courts;	"		
V D c. The Plan should address the following items: (3) procedures and programs which should be addressed in the Plan should include such things as procedures for overall evaluation of prevention; identification, and treatment efforts and the use of results for future planning purposes.	"		
V D d. A public hearing on the Plan should be held by the Advisory Board. The Plan should be made available to the public for review and comment for at least 60 days before such a hearing.	"		
V D e. The public hearing should take place at least 30 days before the Plan is submitted to the State Agency.	"		

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GUIDELINE IDENTIFICATION/GUIDELINE	SOURCE	CONFORM/ NOT CONFORM	SPECIFY IN WHAT WAYS NOT CONFORM
V D f. The Plan should be submitted to the State Agency at a time to be established by the State Agency. The Plan submitted should have the approval of the Advisory Board, unless the local agency certifies that, after all reasonable efforts, the local agency and the Advisory Board were not able to develop a mutually agreeable Plan. In such a case, the Advisory Board should have the option of appending to the Plan a statement of its reasons for disapproval.	Local CPS Supervisor		
V D g. The State Agency's approval or disapproval should be granted within 30 days after receipt of the Plan. Absence of approval or disapproval should be considered as approval.	"		
V D h. If the Plan is not approved, the State Agency should state the reasons in writing and the local agency should then prepare and submit an amended Plan within the subsequent 45 days. Again, the State Agency should grant approval or disapproval in 30 days. If the amended Plan is not approved, the local agency should prepare another amended Plan and submit it within 30 days. The State Agency should then have an additional 30 days to review the second amended Plan and to approve or disapprove it. At any time thereafter the State Agency should have the option of withholding State reimbursement for all or part of the local agency's activities subject to judicial review as prescribed by State law.	"		
V D i. Once approved, the local Plan should be implemented no sooner than 90 days after its submission to the State Agency, i.e., 60 days after approval is granted.	"		

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GUIDELINE IDENTIFICATION/GUIDELINE	SOURCE	CONFORM/ NOT CONFORM	SPECIFY IN WHAT WAYS NOT CONFORM
VI A f. The local agency designated to coordinate treatment should have a sufficient number of caseworkers who are qualified to work with and help treat families with problems of abuse and neglect.	Local CPS Supervisor		
VI B d. Once service and treatment requirements are determined, the resource that will be used to provide each service should be identified, and the relationship between each treatment goal and the treatment service(s) to be used should be defined.	"		
VI B e. The Plan should be reviewed with the Inter-disciplinary Team and with the Community Child Protection Advisory Board in those situations where the specific treatment needs are not clear; when it is questionable whether or not the child can safely remain in his home; or when numerous community resources and treatment services must be coordinated.	"		
VI B f. The final Treatment Plan should be documented in accordance with guidelines established by the State agency.	"		
VI B g. The child protective service should first offer the Treatment Plan to the parents or other person responsible for the child's welfare for their voluntary acceptance.	"		

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GUIDELINE IDENTIFICATION/GUIDELINE	SOURCE	CONFORM/ NOT CONFORM	SPECIFY IN WHAT WAYS NOT CONFORM
VI C a. Formalized agreements should exist whereby the local agency can purchase preventive and treatment services from other public or private agencies for families that need them.	Local CPS Supervisor		
VI C b. A schedule for providing the services and treatment outlined in the Plan should be developed which coordinates both the needs and requirements of the family and those of the service and treatment providers.	"		
VI C c. When serious problems of coordination or service delivery occur, the case should be reviewed with the Community Child Protection Advisory Board.	"		
VI C d. One individual in the local agency should be designated to maintain frequent and supportive contact with the family, monitor a family's treatment progress, assure continuity of treatment, assure that referral services are used as planned, and continually assess the safety of all children in the home.	"		
VI C e. The local agency should develop standardized forms and procedures for documenting telephone and personal contacts with a family and with agencies providing treatment or services.	"		

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GUIDELINE IDENTIFICATION/GUIDELINE	SOURCE	CONFORM/ NOT CONFORM	SPECIFY IN WHAT WAYS NOT CONFORM
VI C f. Reviews of treatment progress and effectiveness should be made on a regular and planned basis by the caseworker assigned to monitor treatment, by the supervisor(s) and as appropriate depending on the severity or complexity of the case by the Interdisciplinary Team and the Community Child Protection Advisory Board. These reviews should include an assessment of the quality and quantity of all services offered to the family as well as the family's ability to utilize those services.	Local CPS Supervisor		
VI C g. The results of each review of treatment should also be checked against the Treatment Plan to determine: (1) any changes that may need to be made to the Plan; (2) whether or not the treatment is progressing as anticipated; (3) any problems that need to be addressed; (4) whether or not any change should be made in the child or children's status; and (5) whether or not treatment can be terminated.	"		
VI C h. The results of each review of treatment progress and effectiveness should be documented on standardized forms, as prescribed by the local agency, in a manner that will provide the information needed for preparation of Treatment Progress Reports.	"		

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GUIDELINE IDENTIFICATION/GUIDELINE	SOURCE	CONFORM/ NOT CONFORM	SPECIFY IN WHAT WAYS NOT CONFORM
VI C 1. Treatment Progress Reports should be sent to the Central Register, in those States that elect to maintain information on treatment progress, every ninety days after the Treatment Plan is submitted and until the case is closed. The Progress Reports should provide the information described in the State Agency's information collection and reporting procedures. The Report, which would be used to update the Central Register, should therefore address such things as: (1) any additional services being used (from those in the Plan) and the providers; (2) any services which have been discontinued, with reasons and conclusions on effectiveness; (3) services, if any, which were recommended but not utilized by the family and reasons; (4) corrections, as necessary, to the estimated length of treatment contained in the Treatment Plan; (5) changes, if any, to the family's status.	Local CPS Supervisor		
VIII D a. Legal counsel should be provided by the local civil law officer such as the county attorney or city corporation counsel, or independent counsel, or legal staff of the local department of social services.	"		
VIII D b. Legal counsel should seek to protect the interests of the child without regard to the convenience of the agency.	"		

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GUIDELINE IDENTIFICATION/GUIDELINE	SOURCE	CONFORM/ NOT CONFORM	SPECIFY IN WHAT WAYS NOT CONFORM
VIII B c. The attorney for the child should protect the child's rights by participating fully in preliminary hearings, the adjudicatory hearing, dispositional, the post-disposition reviews, and <u>all other stages of the proceedings.</u>	County Juvenile Court Judge		
VIII C a. Unless the subject parents, guardian or other person responsible for the child's welfare are financially able to retain private counsel, an attorney should be appointed at public expense.	"		
VIII C b. The attorney should defend vigorously his client's rights and, where appropriate, insure that there is admissible proof of the allegations of abuse and neglect.	"		
VIII E d. Normally, a child over the age of seven years should be present at every stage of the proceedings, including preliminary and adjudicatory hearings, unless his attorney or guardian ad litem waives his presence or the Court specifically finds, after hearing evidence, that the child's continued presence would cause substantial harm to him.	"		
VIII E e. Normally, a child under the age of seven years should be excluded from the proceedings with the consent of his attorney or guardian ad litem or upon a Court finding of probable harm.	"		

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GUIDELINE IDENTIFICATION/GUIDELINE	SOURCE	CONFORM/ NOT CONFORM	SPECIFY IN WHAT WAYS NOT CONFORM
VIII E f. Where practical, an individual judge should be assigned a child protective case at filing or at the preliminary hearing and determine all issues from preliminary motions through post-dispositional procedures.	County Juvenile Court Judge		
VIII E g. If assigned, a referee should hear and determine all preliminary issues, but not fact-finding and dispositions.	"		
VIII G a. Normally, the adjudicatory hearing should be held and completed within sixty days following filing of a petition.	"		
VIII G b. Whenever a child has been placed in protective custody, the adjudicatory hearing should be held as soon as feasible, ordinarily within thirty days.	"		
VIII G c. Whenever a case is adjourned, the Court should evaluate the status of the child and, when appropriate, enter or amend preliminary protective orders.	"		
VIII G d. Privileges attaching to confidential communications between husband and wife and any professional person and his patient, except that between attorney and client, should be <u>inoperative during child protection hearings.</u>	"		

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GUIDELINE IDENTIFICATION/GUIDELINE	SOURCE	CONFORM/ NOT CONFORM	SPECIFY IN WHAT WAYS NOT CONFORM
VIII G e. Clear and convincing proof (<u>more than a preponderance but less than beyond a reasonable doubt</u>) should be required to substantiate a finding of neglect or abuse.	County Juvenile Court Judge		
VIII G f. Proof of injuries of such a nature as would ordinarily not exist except by reason of the acts or omissions of the parent should constitute <u>prima facie</u> evidence.	"		
VIII G g. The parents and the attorney for the child should have the right to confront and cross-examine witnesses, and to present evidence at preliminary and adjudicatory hearings.	"		
VIII G h. Only legally competent, material, and relevant evidence should be admissible at the adjudicatory hearing.	"		
VIII G i. The child should be a witness only if his testimony may be necessary; if such testimony is necessary, <u>the Court should protect the child</u> . The child should not be subjected to repeated or extremely sharp examination.	"		

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GUIDELINE IDENTIFICATION/GUIDELINE	SOURCE	CONFORM/ NOT CONFORM	SPECIFY IN WHAT WAYS NOT CONFORM
VIII G j. Any writing, record, photograph, or x-ray relating to a child in a protective case and made in the regular course of business by a hospital or public or private agency, including the child protective service, should be admissible at preliminary and adjudicatory hearings.	County Juvenile Court Judge		
VIII G k. Previous statements made by the child relating to abuse or neglect should be admissible at preliminary and adjudicatory hearings, except that the statements alone should not constitute a <u>prima facie</u> case.	"		
VIII H a. The dispositional hearing and issuance of a dispositional order should be completed <u>as soon as feasible, normally within sixty days following a finding.</u>	"		
VIII H b. When necessary, the Court should order appropriate social work, psychological or psychiatric examinations and evaluations, to be prepared by an independent party or agency.	"		
VIII H c. All reports submitted to the Court should be made available to the child's attorney and counsel for the adults, subject to deletions after <u>in camera</u> study of confidential sources or statements containing harmful or detrimental information.	"		

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GUIDELINE IDENTIFICATION/GUIDELINE	SOURCE	CONFORM/ NOT CONFORM	SPECIFY IN WHAT WAYS NOT CONFORM
VIII H d. All material and relevant evidence, including hearsay, should be admissible at the dispositional hearing.	County Juvenile Court Judge		
VIII H e. The parents and the child's attorney should have the right to present evidence and to confront and cross-examine witnesses at the dispositional hearing.	"		
VIII H f. Specific written findings of fact upon which the dispositional order is predicated should be made a part of the record.	"		
VIII I a. Whenever possible, the dispositional order should include family supportive and protective provisions, without removal of the child from his natural home.	"		
VIII I b. If removal of the child is necessary, placement should preferably be with a suitable relative or, secondarily, in a suitable foster home.	"		
VIII I c. The child should not be placed in an institution unless other dispositional alternatives are unavailable or unsuitable.	"		

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GUIDELINE IDENTIFICATION/GUIDELINE	SOURCE	CONFORM/ NOT CONFORM	SPECIFY IN WHAT WAYS NOT CONFORM
VIII I d. A full hearing should be conducted to determine if the proposed program is the best one available for the child. Determination of where a child will be placed should be based on a comprehensive professional assessment that includes the following components: (1) thorough understanding of the child's personality and development needs determined through at least one in-person interview and as appropriate through current psychometric and other tests;	County Juvenile Court Judge		
VIII I d. A full hearing should be conducted to determine if the proposed program is the best one available for the child. Determination of where a child will be placed should be based on a comprehensive professional assessment that includes the following components: (2) thorough understanding of the child's family relationships, the family's current situation, and the existence of siblings who must also be placed;	"		
VIII I d. A full hearing should be conducted to determine if the proposed program is the best one available for the child. Determination of where a child will be placed should be based on a comprehensive professional assessment that includes the following components: (3) knowledge of available placement services and facilities so that the one selected will be responsive to the child's unique capacities, needs, interests, and rights, and thus approximate positive home life;	"		

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GUIDELINE IDENTIFICATION/GUIDELINE	SOURCE	CONFORM/ NOT CONFORM	SPECIFY IN WHAT WAYS NOT CONFORM
VIII I d. A full hearing should be conducted to determine if the proposed program is the best one available for the child. Determination of where a child will be placed should be based on a comprehensive professional assessment that includes the following components: (4) the placement should be the least restrictive environment possible in every sense to encourage the youngster's freedom of movement, thought, and individuality;	County Juvenile Court Judge		
VIII I d. A full hearing should be conducted to determine if the proposed program is the best one available for the child. Determination of where a child will be placed should be based on a comprehensive professional assessment that includes the following components: (5) children should not be removed from their communities and placed at great distances from their homes and families. The facility selected should be geographically accessible in order to facilitate visitation by the parents.	"		
VIII I e. Commitment should be for a limited period.	"		
VIII J b. In framing an appropriate remedy for violation the Court should, whenever possible, impose sanctions which do not result in removal of the child from his home or otherwise harm him merely to punish or control parental conduct.	"		

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GUIDELINE IDENTIFICATION/GUIDELINE	SOURCE	CONFORM/ NOT CONFORM	SPECIFY IN WHAT WAYS NOT CONFORM
VIII J d. Post-dispositional review should consist of a full hearing with counsel assigned to parents and the child; with each party having the right to present evidence and cross-examine witnesses.	County Juvenile Court Judge		
VIII K a. All parties should be apprised of their appeal rights at the conclusion of the dispositional hearing.	"		
VIII K b. Indigent persons should be assigned an attorney on appeal and provided with the necessary transcript.	"		

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GUIDELINE IDENTIFICATION/GUIDELINE	SOURCE	CONFORM/ NOT CONFORM	SPECIFY IN WHAT WAYS NOT CONFORM
IV F g. Whenever a child has been placed in protective custody a court hearing should be held on the next court day, so that: (1) the child protective service can commence a child protection proceeding or recommend that one not be commenced; IV F g. Whenever a child has been placed in protective custody a court hearing should be held on the next court day, so that: (2) the court may order the commencement of a proceeding even if the service recommends against doing so, if it finds that such a proceeding would be in the best interests of the child and community.	County Juvenile Court Procedure Manual "		

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GUIDELINE IDENTIFICATION/GUIDELINE	SOURCE	CONFORM/ NOT CONFORM	SPECIFY IN WHAT WAYS NOT CONFORM
VIII A b. Child abuse and neglect should not be criminally prosecuted except in grave and urgent circumstances where criminal sanctions are necessary.	County Prosecuting Attorney		

Phase-Two

Data Forms

INTERVIEW INSTRUCTIONS FOR
PLANNING SURVEY QUESTIONNAIRE

The reliability of the survey of planning activities depends on interviewer adherence to the following directions:

1. Prior to departure for an interview review these instructions and the questions to be asked of each respondent/source. Since the questions are very abbreviated, it would be desirable to review those elements of the Standards they cover as preparation for any needed clarification.
2. Interview sources that will be requested to respond to only one or two planning questions may be interviewed by phone. Use your own judgment to assess the willingness of the respondent to proceed in this manner.
3. If the respondent is requested to discuss a number of planning questions (ten or more), the interviewer should indicate that s/he is willing to break up the sessions to accommodate the respondent's work schedule.
4. Before asking the questions, explain the general purpose of baseline evaluation and specifically the rationale for the planning survey.
5. Review all of the questions with the respondent prior to seeking answers.
6. Emphasize for the respondent the fact that the documentation and problems questions which appear following the substantive questions pertain to each substantive question.

7. As respondents complete their answer to each question, briefly summarize your understanding of their response. Then elicit respondent agreement on the final summary of key issues and ideas which will be entered on the Planning Survey Response Form.

PLANNING SURVEY RESPONSE FORM

State: _____ County: _____ Date: _____

Respondent Position: _____

Respondent Agency: _____

Interviewer: _____

Question Number: _____

Plans:

Documents:

Problems:

SOURCE: State Child Abuse Specialist/Program Manager

As you know through previous contacts (or from earlier in this contact), we are interested in a variety of factors related to state level responsibilities for and administration of child protective service programs. One aspect of this interest involves seeking information about plans for changing any of the currently existing responsibilities or administration procedures, or development of new ones. Specifically, we are seeking information about plans to develop or change:

- (1) state statutes defining child abuse and neglect, who reports it and what protection they have, and procedures for reporting? / II A a-c 1-3 (pp. 30-32); II B a-m (pp. 36-39); II C a, c-g 1-8 (pp. 42-44).
- (2) the responsibility of the state social service department for child abuse and neglect programs, or the procedures and powers of the department in adopting and implementing regulations and programs related to child abuse and neglect? / III A a (pp. 46-47); III A f-h (pp. 49-50).
- (3) the role of the local agency in administering the child protective service units? / V A a 1, b, d (pp. 121-123).
- (4) the state-level organizational arrangements for receiving, and transmitting for investigation, reports of child abuse and neglect; the operation of the state central registry; or the protection of the confidentiality of such reports and records? / II C b (p. 42); III B a-h (pp. 52-54); III E a-m (pp. 63-71); III F a-f (pp. 76-79).
- (5) the designation of and mandate to local agencies which investigate child abuse and neglect reports, or the procedures which guide those investigations? / III C a-f (pp. 56-57); III D a-c (pp. 59-60).

- (6) the training of child protective workers in all aspects of investigating child abuse and neglect reports? / IV B a-1 (pp. 98-102).
- (7) the use of media, education and training programs to enhance and encourage identification and reporting of child abuse and neglect, including child abuse and neglect in child caring institutions? / III G a-g (pp. 81-83); VII D a (p. 179).
- (8) the state special unit for research, demonstrations and evaluation of child abuse and neglect programs; and the periodic review and evaluation of the overall child abuse and neglect programs and services of local communities? / III H a-j (pp. 85-89); V E a-g (pp. 140-142).
- (9) the State social service department Annual Report on Child Abuse and Neglect Prevention and Treatment in the State? / III A d-e (pp. 48-49).
- (10) the state designation of responsibility for and investigative procedures used in responding to reports of child abuse and neglect in institutional child care settings; or dispositional procedures; or internal and external monitoring of child caring institutions to detect child abuse or neglect? / VII B a-d (pp. 169-170); VII B e 1-11 (pp. 170-172); VII B f-1 (pp. 172-173); VII C a-g (pp. 176-177); VII D g (pp. 181-182); VII D b-f (pp. 180-181).
- (11) the State Child Abuse and Neglect Coordinating Committee (inter-state agency committee)? / III A b-c (pp. 47-48).
- (12) the Statewide Citizen's Committee on Child Abuse and Neglect? / III I a-e (pp. 91-93).

Where you do have plans (related to any of the above), we would like to know of any planning documents, memoranda, etc. in which they appear, and also what problems you think will have to be dealt with successfully in order to achieve the objectives or goals associated with these plans.

SOURCE: State Agency Children's Services Specialist/
Program Manager

As you know through previous contacts (or from earlier in this contact), we are interested in a variety of factors related to the prevention and treatment of child abuse and neglect. One aspect of this interest involves seeking information about plans for changing standards related to the provision of various forms of residential child care. Specifically, we are seeking information about plans to develop or change:

- (1) standards for residential child care, including: safe shelter, proper food and clothing, educational opportunities, medical care, recreation, treatment appropriate to the child's emotional and developmental needs, the quality of staff, and so on? / VII A b-h (pp. 162-166).

Where you do have plans (related to any of the above), we would like to know of any planning documents, memoranda, etc. in which they appear, and also what problems you think will have to be dealt with successfully in order to achieve the objectives or goals associated with these plans.

SOURCE: State Residential Licensing Specialist

As you know through previous contacts (or from earlier in this contact), we are interested in a variety of factors related to the prevention and treatment of child abuse and neglect. One aspect of this interest involves seeking information about plans for changing standards related to the provision of various forms of residential child care. Specifically, we are seeking information about plans to develop or change:

- (1) standards for residential child care, including: safe shelter, proper food and clothing, educational opportunities, medical care, recreation, treatment appropriate to the child's emotional and developmental needs, the quality of staff, and so on? / VII A b-h (pp. 162-166).

Where you do have plans (related to any of the above), we would like to know of any planning documents, memoranda, etc. in which they appear, and also what problems you think will have to be dealt with successfully in order to achieve the objectives or goals associated with these plans.

SOURCE: Local Agency Administrator

As you know through previous contacts (or from earlier in this contact), we are interested in a variety of factors related to the prevention and treatment of child abuse and neglect. One aspect of this interest involves seeking information about plans for community-based committees whose concern is the prevention and treatment of child abuse and neglect. Specifically, we are seeking information about plans to develop or change:

- (1) the convening, composition, and responsibilities of a community-wide "Community Child Protection Advisory Board" (a committee, partly appointed from distinguished professionals, which is involved in creating a local sensitivity to child abuse and neglect, and planning and advocating for new and improved programs)? / V.C a-f (pp. 129-132).

Where you do have plans (related to any of the above), we would like to know of any planning documents, memoranda, etc. in which they appear, and also what problems you think will have to be dealt with successfully in order to achieve the objectives or goals associated with these plans.

SOURCE: Local CFS Supervisor

As you know through previous contacts (or from earlier in this contact), we are interested in a variety of factors related to the response to cases of child abuse and neglect at the local agency level of the state social service department. One aspect of this interest involves seeking information about plans for changing any of the currently existing organizational arrangements or developing new ones. Specifically, we are seeking information about plans to change or develop:

- (1) the capacity for, timing, or procedure of investigating reports of child abuse or neglect by the local agency? / IV A b, e-g (pp. 95-96); IV C a-h (pp. 106-108); IV D a-g (pp. 110-112); IV E a-c (pp. 114-115).
- (2) emergency services and access to a child where the child is in imminent danger as determined by an emergency investigation; or the power of selected officials to place a child in protective custody when the child is believed to be in imminent danger? / IV A a, c, d (pp. 95-96); IV F a-g (pp. 117-118).
- (3) local agency responsibility for developing a treatment plan for each family where child abuse and neglect is indicated, for arranging and coordinating service delivery to families according to the treatment plan, and for reviewing and monitoring treatment progress? / VI B a-h (pp. 151-152); VI C a-e (pp. 156-157); V A a 2-4, c, e-h (pp. 121-124); VI C f-i (pp. 157-158).
- (4) the procedures followed in determining appropriate placement of a child outside his/her home when such placement is so ordered in the disposition? / VIII I b-e (pp. 226-227).
- (5) the institutional responsibility for developing and implementing a treatment plan for the child and reviewing progress when the dispositional order prescribes institutional placement? / VIII I f-i (p. 227).

- (6) the composition and functions of the local agency Inter-Disciplinary Team (a team of local professionals available to consult on removal of children from the home, other dispositions, and case planning)? / V B a-e (pp. 126-127).
- (7) the role of the local agency in providing educational materials, training and technical assistance to the community and other local service agencies on issues related to child abuse and neglect? / V A a 5-7 (p. 122).
- (8) the local agency having sufficient and qualified staff to coordinate treatment and/or treat families with problems of abuse and neglect? / VI A f (p. 146).
- (9) the development and processing of a local agency two-year plan for the prevention, identification, and treatment of child abuse and neglect and its submission to the State agency for approval? / V D a-i (pp. 133-138).

Where you do have plans (related to any of the above), we would like to know of any planning documents, memoranda, etc. in which they appear, and also what problems you think will have to be dealt with successfully in order to achieve the objectives or goals associated with these plans.

SOURCE: Local Child Services Supervisor/Program Analyst

As you know through previous contacts (or from earlier in this contact), we are interested in a variety of factors related to the prevention and treatment of child abuse and neglect. One aspect of this interest involves seeking information about plans for developing or changing a variety of services which might be instrumental in the prevention of child abuse and neglect as well as other child-family problems. Specifically, we are seeking information about plans related to development or changing provision of resources in the community to help individuals and families meet their needs:

- (1) through a 24-hour telephone help-line for seeking help or advice on parenting? / I B a (p. 22); VI A g 1 (p. 147).
- (2) for family crisis assistance through a caseworker on call for direct emergency services? / I B b (p. 22).
- (3) for plans related to creating public awareness of community resources available for helping families and children with a range of service needs? / I C a-c (p. 27).

Where you do have plans (related to any of the above), we would like to know of any planning documents, memoranda, etc. in which they appear, and also what problems you think will have to be dealt with successfully in order to achieve the objectives or goals associated with these plans.

SOURCE: County Juvenile Court Judge

As you know through previous contacts (or from earlier in this contact), we are interested in a variety of factors related to court procedures for responding to cases of child abuse and neglect. One aspect of this interest involves seeking information about plans for changing any of the currently existing court procedures or developing new ones. Specifically, we are seeking information about plans to develop or change:

- (1) the assignment of judges or referees to hear child protective cases? / VIII E f-g (p. 202).
- (2) the conditions under which child protective court action should be initiated in the best interests of the child or the procedures for implementing such court action? / VIII A a-i (pp. 185-187).
- (3) the representation by legal counsel in abuse and neglect cases of the child victim(s), the person(s) accused of the abuse or neglect, and the local child protective services? / VIII B a-c (p. 194); VIII C a-b (p. 196); VIII D a-b (p. 198).
- (4) the persons allowed or expected to attend child protective court hearings and have access to the proceedings? / VIII E b-e (pp. 201-202).
- (5) the time limits for the completion of or the types of evidence admissible at adjudicatory court hearings on child protective cases? / VIII G a-b (pp. 211-212); VIII G c-k (pp. 212-213).
- (6) the court and placement procedures related to placing a child in temporary protective custody where the child is in imminent danger, or the basic philosophy on removal of children from their homes which guides dispositional orders? / VIII F a-f (pp. 207-208); VIII I a (p. 225).

- (7) the timing, admissible evidence, or reporting of dispositional court hearings on child protective cases; appeal of dispositional orders; enforcing dispositional orders; or procedures for post-dispositional review where the child has been placed outside his/her natural home? / VIII H a-f (p. 220); VIII K a-b (p. 235); VIII J a-b (p. 232); VIII J c-d (p. 232-233).
- (8) the preparation of verbatim transcripts of a child protective court hearing? / VIII E a (p. 201).

Where you do have plans (related to any of the above), we would like to know of any planning documents, memoranda, etc. in which they appear, and also what problems you think will have to be dealt with successfully in order to achieve the objectives or goals associated with these plans.

SOURCE: Local United Way Planning Specialist

As you know through previous contacts (or from earlier in this contact) we are interested in a variety of factors related to the prevention and treatment of child abuse and neglect. One aspect of this interest involves seeking information about plans for developing or changing a variety of services which might be instrumental in the prevention of child abuse and neglect as well as other child-family problems. Specifically, we are seeking information about plans related to development or changing provision of resources in the community to help individuals and families meet their needs:

- (1) through a 24-hour telephone help-line for seeking help or advice on parenting? / I B a (p. 22); VI A g 1 (p. 147).
- (2) by creating public awareness of community resources available for helping families and children with a range of service needs? / I C a-c (p. 27).
- (3) by development of Emergency Neighborhood Crisis Centers in the community which could provide some crisis services and act as family advocates for others? / I B d (p. 23).
- (4) by case follow-up by community crisis or emergency service agencies to monitor future needs? / I B e (p. 23); VI A g 1 (p. 147).

Where you do have plans (related to any of the above), we would like to know of any planning documents, memoranda, etc. in which they appear, and also what problems you think will have to be dealt with successfully in order to achieve the objectives or goals associated with these plans.

Cross-Reference

Sources - Identification

CROSS-REFERENCE

Standard Identification - Phase One Source - Phase Two Source

IDENTIFICATION	PHASE-ONE SOURCE	PHASE-TWO SOURCE
I B a & b p. 22	Local CPS Supervisor	Local Child Services Supervisor/Program Analyst
I B d & e p. 23	Local CPS Supervisor	Local United Way Planning Specialist
I C a-c p. 27	Local CPS Supervisor	Local United Way Planning Specialist
II A a-c p. 30-32	State Legal Code	State Child Abuse Specialist/Program Manager
II B a-m p. 36-39	State Legal Code	State Child Abuse Specialist/Program Manager
II C a-g p. 42-44	State Legal Code	State Child Abuse Specialist/Program Manager
III A a-h p. 46-50	State Child Abuse Specialist/Program Manager	State Child Abuse Specialist/Program Manager
III B a p. 52	State Administrative Code	State Child Abuse Specialist/Program Manager
III B b-h p. 52-54	State Agency Procedural Manual	State Child Abuse Specialist/Program Manager
III C a-c p. 56-57	State Child Abuse Specialist/Program Manager	State Child Abuse Specialist/Program Manager
III C d-f p. 57	State Administrative Code	State Child Abuse Specialist/Program Manager
III D a-c p. 59-60	State Agency Procedural Manual	State Child Abuse Specialist/Program Manager

IDENTIFICATION	PHASE-ONE SOURCE	PHASE-TWO SOURCE
III E a-j p. 63-70	State Agency Procedural Manual	State Child Abuse Specialist/Program Manager
III E k-m p. 70-71	State Administrative Code	State Child Abuse Specialist/Program Manager
III F a p. 76	State Legal Code	State Child Abuse Specialist/Program Manager
III F b-d p. 77-79	State Agency Procedural Manual	State Child Abuse Specialist/Program Manager
III F e p. 79	State Administrative Code	State Child Abuse Specialist/Program Manager
III F f p. 79	State Agency Procedural Manual	State Child Abuse Specialist/Program Manager
III G a-g p. 81-83	State Child Abuse Specialist/Program Manager	State Child Abuse Specialist/Program Manager
III H a-j p. 85-89	State Research, Evaluation, and Planning Unit	State Child Abuse Specialist/Program Manager
III I a-c p. 91-92	State Legal Code	State Child Abuse Specialist/Program Manager
III I d p. 92-93	Chairperson of Statewide Citizens' Committee on CA/N	State Child Abuse Specialist/Program Manager
III I e p. 93	State Legal Code	State Child Abuse Specialist/Program Manager
IV A a-g p. 95-96	Local CPS Supervisor	Local CPS Supervisor
IV B a-l p. 98-102	State CPS Training Curriculum	State Child Abuse Specialist/Program Manager

IDENTIFICATION	PHASE-ONE SOURCE	PHASE-TWO SOURCE
IV C a-f p. 106-107	State Agency Procedural Manual	Local CPS Supervisor
IV C g p. 107	Local CPS Supervisor	Local CPS Supervisor
IV C h p. 108	State Agency Procedural Manual	Local CPS Supervisor
IV D a-e p. 110-111	State Agency Procedural Manual	Local CPS Supervisor
IV D f & g p. 112	Local CPS Supervisor	Local CPS Supervisor
IV E a & b p. 114-115	Local CPS Supervisor	Local CPS Supervisor
IV E c p. 115	State Agency Procedural Manual	Local CPS Supervisor
IV F a & b p. 117	State Legal Code	Local CPS Supervisor
IV F c-f p. 118	Local CPS Supervisor	Local CPS Supervisor
IV F g p. 118	County Juvenile Court Procedural Manual	Local CPS Supervisor
V A a 1 p. 121	State Agency Procedural Manual	State Child Abuse Specialist/Program Manager
V A a 2-3 p. 121-123	State Agency Procedural Manual	Local CPS Supervisor
V A a 4 & 5 p. 122	Local CPS Supervisor	Local CPS Supervisor
V A a 6 & 7 p. 122	State Agency Procedural Manual	Local CPS Supervisor
V A b p. 122	State Agency Procedural Manual	State Child Abuse Specialist/Program Manager
V A c p. 122	State Agency Procedural Manual	Local CPS Supervisor

IDENTIFICATION	PHASE-ONE SOURCE	PHASE-TWO SOURCE
V A d p. 123	State Agency Procedural Manual	State Child Abuse Specialist/Program Manager
V A e p. 123	State Agency Procedural Manual	Local CPS Supervisor
V A f-h p. 123-124	Local CPS Supervisor	Local CPS Supervisor
V B a-e p. 126-127	Local CPS Supervisor	Local CPS Supervisor
V C a-f p. 129-132	Local CPS Supervisor	Local Agency Administrator
V D a-i p. 133-138	Local CPS Supervisor	Local CPS Supervisor
V E a-g p. 140-142	Local Agency Administrator	State Child Abuse Specialist/Program Manager
VI A f p. 146	Local CPS Supervisor	Local CPS Supervisor
VI B a-c p. 151	State Agency Procedural Manual	Local CPS Supervisor
VI B d-g p. 151-152	Local CPS Supervisor	Local CPS Supervisor
VI B h p. 152	State Agency Procedural Manual	Local CPS Supervisor
VI C a-i p. 156-158	Local CPS Supervisor	Local CPS Supervisor
VII A b-d p. 163-165	State Residential Licensing Specialist	State Residential Licensing Specialist
VII A e-h p. 166	State Residential Licensing Specialist	State Agency Childrens' Services Specialist/ Program Manager
VII B a-i p. 169-173	State Child Abuse Specialist/Program Manager	State Child Abuse Specialist/Program Manager

IDENTIFICATION	PHASE-ONE SOURCE	PHASE-TWO SOURCE
VII C a-g p. 176-177	State Child Abuse Specialist/Program Manager	State Child Abuse Specialist/Program Manager
VII D a-g p. 179-182	State Child Abuse Specialist/Program Manager	State Child Abuse Specialist/Program Manager
VIII A a p. 185	State Legal Code	County Juvenile Court Judge
VIII A b p. 186	County Prosecuting Attorney	County Juvenile Court Judge
VIII A c-i p. 186-187	State Legal Code	County Juvenile Court Judge
VIII B a & b p. 194	State Legal Code	County Juvenile Court Judge
VIII B c p. 194	County Juvenile Court Judge	County Juvenile Court Judge
VIII C a & b p. 196	County Juvenile Court Judge	County Juvenile Court Judge
VIII D a & b p. 198	Local CPS Supervisor	County Juvenile Court Judge
VIII E a-c p. 201	State Legal Code	County Juvenile Court Judge
VIII E d-g p. 201-202	County Juvenile Court Judge	County Juvenile Court Judge
VIII F a-f p. 207-208	State Legal Code	County Juvenile Court Judge
VIII G a-k p. 211-213	County Juvenile Court Judge	County Juvenile Court Judge
VIII H a-f p. 220	County Juvenile Court Judge	County Juvenile Court Judge
VIII I a p. 225	County Juvenile Court Judge	County Juvenile Court Judge
VIII I b-e p. 226-227	County Juvenile Court Judge	Local CPS Supervisor

IDENTIFICATION	PHASE-ONE SOURCE	PHASE-TWO SOURCE
VIII I f-i p. 227	State Agency Procedural Manual	Local CPS Supervisor
VIII J a p. 232	State Agency Procedural Manual	County Juvenile Court Judge
VIII J b p. 232	County Juvenile Court Judge	County Juvenile Court Judge
VIII J c p. 232-233	State Agency Procedural Manual	County Juvenile Court Judge
VIII J d p. 233	County Juvenile Court Judge	County Juvenile Court Judge
VIII K a & b p. 235	County Juvenile Court Judge	County Juvenile Court Judge

A BASELINE EVALUATION PROCEDURE

for

Federal Standards on the Prevention, Identification
and Treatment of Child Abuse and Neglect

SUPPLEMENT

Service Network Data Forms

The recommendation of the project which developed and field tested the Baseline Evaluation Procedure for use with the Federal Standards on the Prevention, Identification and Treatment of Child Abuse and Neglect was to delete any data collection related to the service network prescribed in the Standards. The measurement problems and rationale for this position are fully discussed in the final report of the project.* However, it is recognized that some interested groups might not be persuaded by those arguments. For this reason these supplemental data collection forms are made available. For Phase-One of the evaluation procedure, the data collection forms for services consist of a simple checklist for indicating the presence or absence of each service. For Phase-Two, the appropriate interview questions and respondent sources are given to facilitate a planning survey. Use of the forms and preparation of summaries from the data should follow the guidelines presented with the main instrument.

*Seaberg et al., A Baseline Evaluation Procedure for Federal Standards on the Prevention, Identification and Treatment of Child Abuse and Neglect: Volume I, Development, Field Testing and Recommended Procedure, Seattle: Center for Social Welfare Research, School of Social Work, University of Washington (photocopied), 1977.

SERVICES CHECKLIST

INSTRUCTIONS: Place a check after each service that exists in your community in the regular services and/or emergency/ crisis services columns. Leave others blank.

SERVICES	REGULAR SERVICES	EMERGENCY/ CRISIS SERVICES
Adoption (III A a 8)		
Advocates (I A b 6)		
Alcohol Treatment (I B c 8) (VI A e)		
Child Care Co-ops (I A d 2)		
Child Development Programs (I A c 4)		
Child Guidance Clinics (I A d 6)		
Community Health Clinics (I A c 5)		
Consumer Information (I A a 6) (VI A a 6)		
Crisis Help Lines (VI A g 1)		
Day Care (I A d 1)		
"Day Out" Programs (I A d 3)		
Drug Treatment (I B c 8) (VI A e)		
Education for Parenthood and Parent Effectiveness Programs (I A c 1)		
Family Planning Information and Clinics (I A b 3)		
Family Shelters (I B c 3)		
Financial Aid, Food and Clothing (I B c 7)		
Foster Boarding Homes (VII A a 2)		
Foster Care (I B c 6) (VI A e)		
Group Homes and Residences (VII A a 3)		
Health Stations (I A d) (VI A a 1)		
Homemakers (I B c 2)		
Home Management and Education Programs (I A b 4)		
Hospital Networks (I A a 1) (VI A a 1)		
Housing and Relocation Information and Assistance (I A a 4) (VI A a 4)		

SERVICES	REGULAR SERVICES	EMERGENCY/ CRISIS SERVICES
Infant Care Courses and Information (I A c 3) Juvenile Correction Facilities (VII A a 7) Legal Services (I A a 5) (VI A a 5) Marital Counseling (VI A b) Nutritional Information (I A c 2) Private and Church Counseling (I A b 2) Recreation--parks, swimming, sports, etc. (I A a 7) (VI A a 7) Residential Treatment Centers (VII A a 5) Resources to Help Parents Develop Good Child Rearing Practices (VI A d) Resources to Relieve Parents of Full-time Child Care Responsibilities (VI A c) Respite Care (I A d 4) Routine Dental Care (I A a 1) (VI A a 1) Routine Medical Care (I A a 1) (VI A a 1) Secure and Non-secure Detention Facilities (VII A a 6) Self-help Groups (VI A g 7) Shelters for Adolescents (I B c 5) (VI A e) Social Activities--concerts, plays, etc. (I A a 7) (VI A a 7) Social Work Counseling (I A b 1) Special Groups Which Offer Opportunities for Self-expression (I A b 5) Temporary Shelters (VII A a 1) Therapy (VI A g 4) Twenty-four Hour Phone Help Lines for Parents (I B a) Visiting Nurse Assistance (I A a 1) (VI A a 1) Vocational Education and Job Skills Programs (I A a 3) (VI A a 3)		

SOURCE: State Residential Licensing Specialist

As you know through previous contacts (or from earlier in this contact), we are interested in a variety of factors related to the prevention and treatment of child abuse and neglect. One aspect of this interest involves seeking information about plans for developing or changing a variety of services which might be instrumental in the prevention and treatment of child abuse and neglect as well as other child-family problems. Specifically, we are seeking information about plans related to development or changing provision of resources to help individuals and families meet their needs:

- (1) for an array of State licensed residential facilities and services for children at the community level? / VII A a (p. 162).

Where you do have plans (related to any of the above), we would like to know of any planning documents, memoranda, etc. in which they appear, and also what problems you think will have to be dealt with successfully in order to achieve the objectives or goals associated with these plans.

SOURCE: County Drug Commission Coordinator

As you know through previous contacts (or from earlier in this contact), we are interested in a variety of factors related to the prevention and treatment of child abuse and neglect. One aspect of this interest involves seeking information about plans for developing or changing a variety of services which might be instrumental in the prevention and treatment of child abuse and neglect as well as other child-family problems. Specifically, we are seeking information about plans related to development or changing provision of resources to help individuals and families meet their needs:

(1) for drug treatment services? / I B c 8 (p. 23) & VI A e (p. 146).

Where you do have plans (related to any of the above), we would like to know of any planning documents, memoranda, etc. in which they appear, and also what problems you think will have to be dealt with successfully in order to achieve the objectives or goals associated with these plans.

SOURCE: State Legal Aid Services Coordinator

As you know through previous contacts (or from earlier in this contact), we are interested in a variety of factors related to the prevention and treatment of child abuse and neglect. One aspect of this interest involves seeking information about plans for developing or changing a variety of services which might be instrumental in the prevention and treatment of child abuse and neglect as well as other child-family problems. Specifically, we are seeking information about plans related to development or changing provision of resources to help individuals and families meet their needs:

(1) for legal aid services? / I A a 5 (p. 16) & VI A a (p. 145).

Where you do have plans (related to any of the above), we would like to know of any planning documents, memoranda, etc. in which they appear, and also what problems you think will have to be dealt with successfully in order to achieve the objectives or goals associated with these plans.

SOURCE: Consumer Affairs Division -
State Attorney General's Office

As you know through previous contacts (or from earlier in this contact), we are interested in a variety of factors related to the prevention and treatment of child abuse and neglect. One aspect of this interest involves seeking information about plans for developing or changing a variety of services which might be instrumental in the prevention and treatment of child abuse and neglect as well as other child-family problems. Specifically, we are seeking information about plans related to development or changing provision of resources to help individuals and families meet their needs:

- (1) for consumer information services? / I A a 6 (p. 16) &
VI A a (p. 145).

Where you do have plans (related to any of the above), we would like to know of any planning documents, memoranda, etc. in which they appear, and also what problems you think will have to be dealt with successfully in order to achieve the objectives or goals associated with these plans.

SOURCE: Vocational Education Program Coordinator -
State Community College Board

As you know through previous contacts (or from earlier in this contact), we are interested in a variety of factors related to the prevention and treatment of child abuse and neglect. One aspect of this interest involves seeking information about plans for developing or changing a variety of services which might be instrumental in the prevention and treatment of child abuse and neglect as well as other child-family problems. Specifically, we are seeking information about plans related to development or changing provision of resources to help individuals and families meet their needs:

- (1) for job training and vocational education services? /
I A a 3 (p. 16) & VI A a (p. 145).

Where you do have plans (related to any of the above), we would like to know of any planning documents, memoranda, etc. in which they appear, and also what problems you think will have to be dealt with successfully in order to achieve the objectives or goals associated with these plans.

SOURCE: State Parents Anonymous Representative

As you know through previous contacts (or from earlier in this contact), we are interested in a variety of factors related to the prevention and treatment of child abuse and neglect. One aspect of this interest involves seeking information about plans for developing or changing a variety of services which might be instrumental in the prevention and treatment of child abuse and neglect as well as other child-family problems. Specifically, we are seeking information about plans related to development or changing provision of resources to help individuals and families meet their needs:

(1) for self-help group services? / VI A g 7 (p. 148).

Where you do have plans (related to any of the above), we would like to know of any planning documents, memoranda, etc. in which they appear, and also what problems you think will have to be dealt with successfully in order to achieve the objectives or goals associated with these plans.

SOURCE: County Alcohol Commission Coordinator

As you know through previous contacts (or from earlier in this contact), we are interested in a variety of factors related to the prevention and treatment of child abuse and neglect. One aspect of this interest involves seeking information about plans for developing or changing a variety of services which might be instrumental in the prevention and treatment of child abuse and neglect as well as other child-family problems. Specifically, we are seeking information about plans related to development or changing provision of resources to help individuals and families meet their needs:

(1) for alcohol treatment services? / I B c 8 (p. 23) & VI A e (p. 146).

Where you do have plans (related to any of the above), we would like to know of any planning documents, memoranda, etc. in which they appear, and also what problems you think will have to be dealt with successfully in order to achieve the objectives or goals associated with these plans.

SOURCE: County/City Parks Department

As you know through previous contacts (or from earlier in this contact), we are interested in a variety of factors related to the prevention and treatment of child abuse and neglect. One aspect of this interest involves seeking information about plans for developing or changing a variety of services which might be instrumental in the prevention and treatment of child abuse and neglect as well as other child-family problems. Specifically, we are seeking information about plans related to development or changing provision of resources to help individuals and families meet their needs:

- (1) for recreational services? / I A a 7 (p. 16) & VI A a (p. 145).

Where you do have plans (related to any of the above), we would like to know of any planning documents, memoranda, etc. in which they appear, and also what problems you think will have to be dealt with successfully in order to achieve the objectives or goals associated with these plans.

SOURCE: County/City Housing Authority

As you know through previous contacts (or from earlier in this contact), we are interested in a variety of factors related to the prevention and treatment of child abuse and neglect. One aspect of this interest involves seeking information about plans for developing or changing a variety of services which might be instrumental in the prevention and treatment of child abuse and neglect as well as other child-family problems. Specifically, we are seeking information about plans related to development or changing provision of resources to help individuals and families meet their needs:

- (1) for housing and relocation information and assistance services? / I A a 4 (p. 16) & VI A a (p. 145).

Where you do have plans (related to any of the above), we would like to know of any planning documents, memoranda, etc. in which they appear, and also what problems you think will have to be dealt with successfully in order to achieve the objectives or goals associated with these plans.

SOURCE: County Health Department

As you know through previous contacts (or from earlier in this contact), we are interested in a variety of factors related to the prevention and treatment of child abuse and neglect. One aspect of this interest involves seeking information about plans for developing or changing a variety of services which might be instrumental in the prevention and treatment of child abuse and neglect as well as other child-family problems. Specifically, we are seeking information about plans related to development or changing provision of resources to help individuals and families meet their needs:

- (1) for family planning information and clinic services? /
I A b 3 (p. 17) & VI A a (p. 145).

Where you do have plans (related to any of the above), we would like to know of any planning documents, memoranda, etc. in which they appear, and also what problems you think will have to be dealt with successfully in order to achieve the objectives or goals associated with these plans.

SOURCE: Local Child Services Supervisor/Program Analyst

As you know through previous contacts (or from earlier in this contact), we are interested in a variety of factors related to the prevention and treatment of child abuse and neglect. One aspect of this interest involves seeking information about plans for developing or changing a variety of services which might be instrumental in the prevention of child abuse and neglect as well as other child-family problems. Specifically, we are seeking information about plans related to development or changing provision of resources in the community to help individuals and families meet their needs:

- (1) for emergency child home caretaker services? / I B c 1 (p. 22); VI A e (p. 146).
- (2) for emergency homemaker services? / I B c 2 (p. 22); VI A e (p. 146).
- (3) for emergency or crisis day care services? / I B c 4 (p. 22); VI A e (p. 146).
- (4) for emergency shelters for adolescents? / I B c 5 (p. 23); VI A e (p. 146).
- (5) for emergency foster care services? / I B c 6 (p. 23); VI A e (p. 146).
- (6) for emergency financial aid, food, and clothing services? / I B c 7 (p. 23); VI A e (p. 146).
- (7) for paraprofessional parent aid services to assist parents with their parenting functions? / VI A g 6 (p. 147).

Where you do have plans (related to any of the above), we would like to know of any planning documents, memoranda, etc. in which they appear, and also what problems you think will have to be dealt with successfully in order to achieve the objectives or goals associated with these plans.

SOURCE: State Agency Children's Services Specialist/
Program Manager

As you know through previous contacts (or from earlier in this contact), we are interested in a variety of factors related to the prevention and treatment of child abuse and neglect. One aspect of this interest involves seeking information about plans for developing or changing a variety of services which might be instrumental in the prevention and treatment of child abuse and neglect as well as other child-family problems. Specifically, we are seeking information about plans related to development or changing provision of resources to help individuals and families meet their needs:

- (1) for adoption services? / VII A a 8 (p. 163).
- (2) for foster home care services? / VII A a 2 (p. 162).
- (3) for day care services of all types, including respite child care or parent "day out" day care services? / I A d 1-4 (pp. 18-19); VI A c (p. 146).
- (4) for community-based group homes and residential treatment services? / VII A a 3-4 (pp. 162-163).
- (5) for community-based juvenile detention and correctional facilities? / VII A a 6-7 (p. 163).

Where you do have plans (related to any of the above), we would like to know of any planning documents, memoranda, etc. in which they appear, and also what problems you think will have to be dealt with successfully in order to achieve the objectives or goals associated with these plans.

SOURCE: Program Director of Home and Family Life
State Superintendent of Public Instruction

As you know through previous contacts (or from earlier in this contact), we are interested in a variety of factors related to the prevention and treatment of child abuse and neglect. One aspect of this interest involves seeking information about plans for developing or changing a variety of services which might be instrumental in the prevention and treatment of child abuse and neglect as well as other child-family problems. Specifically, we are seeking information about plans related to development or changing provision of resources to help individuals and families meet their needs:

- (1) for home management education and counseling services? /
I A b 4 (p. 17) & VI A a (p. 145).
- (2) for education for parenthood and parent effectiveness training services? / I A c 1 (p. 17) & VI A d (p. 146).
- (3) for nutritional information services? / I A c 2 (p. 17) &
VI A a (p. 145).

Where you do have plans (related to any of the above), we would like to know of any planning documents, memoranda, etc. in which they appear, and also what problems you think will have to be dealt with successfully in order to achieve the objectives or goals associated with these plans.

SOURCE: Director - Red Cross

As you know through previous contacts (or from earlier in this contact), we are interested in a variety of factors related to the prevention and treatment of child abuse and neglect. One aspect of this interest involves seeking information about plans for developing or changing a variety of services which might be instrumental in the prevention and treatment of child abuse and neglect as well as other child-family problems. Specifically, we are seeking information about plans related to development or changing provision of resources to help individuals and families meet their needs:

- (1) for infant care information and course services? / I A c 3 (p. 18) & VI A a (p. 145).
- (2) for child development program services? / I A c 4 (p. 18) & VI A a (p. 145).

Where you do have plans (related to any of the above), we would like to know of any planning documents, memoranda, etc. in which they appear, and also what problems you think will have to be dealt with successfully in order to achieve the objectives or goals associated with these plans.

SOURCE: Coordinator of Consumer and Homemaking Education -
State Community College Board

As you know through previous contacts (or from earlier in this contact), we are interested in a variety of factors related to the prevention and treatment of child abuse and neglect. One aspect of this interest involves seeking information about plans for developing or changing a variety of services which might be instrumental in the prevention and treatment of child abuse and neglect as well as other child-family problems. Specifically, we are seeking information about plans related to development or changing provision of resources to help individuals and families meet their needs:

- (1) for home management education and counseling services? / I A b 4 (p. 17) & VI A a (p. 145).
- (2) for education for parenthood and parent effectiveness training services? / I A c 1 (p. 17) & VI A d (p. 146).
- (3) for nutritional information services? / I A c 2 (p. 17) & VI A a (p. 145).
- (4) for infant care information and course services? / I A c 3 (p. 18) and VI A a (p. 145).
- (5) for child development program services? / I A c 4 (p. 18) & VI A a (p. 145).

Where you do have plans (related to any of the above), we would like to know of any planning documents, memoranda, etc. in which they appear, and also what problems you think will have to be dealt with successfully in order to achieve the objectives or goals associated with these plans.

SOURCE: Health Systems Agency Planning Coordinator

As you know through previous contacts (or from earlier in this contact), we are interested in a variety of factors related to the prevention and treatment of child abuse and neglect. One aspect of this interest involves seeking information about plans for developing or changing a variety of services which might be instrumental in the prevention and treatment of child abuse and neglect as well as other child-family problems. Specifically, we are seeking information about plans related to development or changing provision of resources to help individuals and families meet their needs:

- (1) for physician services? / I A a 1 (p. 16) & VI A a (p. 145).
- (2) for dental services? / I A a 1 (p. 16) & VI A a (p. 145).
- (3) for hospital services? / I A a 1 (p. 16) & VI A a (p. 145).
- (4) for visiting nurse and home health aid services? / I A a 1 (p. 16) & VI A g 3 (p. 147).
- (5) for community child health clinic services? / I A c 5 (p. 18) & VI A g 2 (p. 147).

Where you do have plans (related to any of the above), we would like to know of any planning documents, memoranda, etc. in which they appear, and also what problems you think will have to be dealt with successfully in order to achieve the objectives or goals associated with these plans.

SOURCE: United Way Planning Specialist*

As you know through previous contacts (or from earlier in this contact), we are interested in a variety of factors related to the prevention and treatment of child abuse and neglect. One aspect of this interest involves seeking information about plans for developing or changing a variety of services which might be instrumental in the prevention of child abuse and neglect as well as other child-family problems. Specifically, we are seeking information about plans related to development or changing provision of resources in the community to help individuals and families meet their needs:

- (1) for counseling services? / I A a 2; I A b 2; I A c 6 (pp. 16-18); VI A b, g 4-5 (pp. 146-147).
- (2) for day care services of all types? / I A d 1-2 (p. 18); VI A c (p. 146).
- (3) for respite child care or parent "day out" day care services? / I A d 3-4 (p. 19); VI A c (p. 146).
- (4) for professional advocate services to help them locate and negotiate with local social systems? / I A b 6 (p. 17); VI A a (p. 145).
- (5) for education for parenthood and parent effectiveness training services? / I A c 1 (p. 17); VI A d (p. 146).
- (6) for paraprofessional parent aid services to assist parents with their parenting functions? / VI A g 6 (p. 147).
- (7) for nutritional information services? / I A c 2 (p. 17); VI A a (p. 145).
- (8) for emergency child home caretaker services? / I B c 1 (p. 22); VI A e (p. 146).

*In smaller, rural counties the Community Services Administration is also a good source for this information as are individual organizations which provide the services.

- (9) for emergency homemaker services? / I B c 2 (p. 22); VI A e (p. 146).
- (10) for emergency family shelter services? / I B c 2 (p. 22); VI A e (p. 146).
- (11) for emergency or crisis day care services? / I B c 4 (p. 22); VI A e (p. 146).
- (12) for emergency shelters for adolescents? / I B c 5 (p. 23); VI A e (p. 146).
- (13) for emergency foster care services? / I B c 6 (p. 23); VI A e (p. 146).
- (14) for emergency financial aid, food, and clothing services? / I B c 7 (p. 23); VI A e (p. 146).
- (15) for alcohol treatment services? / I B c 8 (p. 23); VI A e (p. 146).
- (16) for drug treatment services? / I B c 8 (p. 23); VI A e (p. 146).
- (17) for self-help group services? / VI A g 7 (p. 148).

Where you do have plans (related to any of the above), we would like to know of any planning documents, memoranda, etc. in which they appear, and also what problems you think will have to be dealt with successfully in order to achieve the objectives or goals associated with these plans.

ISSUE PAPERS

During the course of this research two issues related to evaluating the service network prescribed in the Standards emerged which could not be dealt with as part of the Baseline Evaluation Procedure. These were measuring the "adequacy" of services and the "accessibility" to services. Both of these issues are amplified through the mechanism of these issue papers.

"Evaluation of Broad-Scale Service Networks"

James R. Seaberg and Michelle Bell

"Problems of Estimating Service Accessibility"

David F. Gillespie and Susanne Marten

EVALUATION OF BROAD-SCALE SERVICE NETWORKS

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EVALUATION OF BROAD-SCALE SERVICE NETWORKS*

Contemporary evaluation of human service programs has been bolstered by considerable methodological development, application experience, and methodological debate. For the most part this accumulating tradition of program evaluation has been concerned with relatively circumscribed programs offering one or at most a few specific services with the general objective of affecting change on some specific problem of the human condition. Relatively little attention has been directed, however, to evaluation of broad-scale service networks in which the focal concern is with the "adequacy" of a total array of human services. Impetus for assessing the methodological problems in conducting an evaluation of the "adequacy" of a broad array of human services came recently from efforts to develop an evaluation procedure to be used in conjunction with new Federal Standards on the Prevention, Identification and Treatment of Child Abuse and Neglect.¹

The Measurement Problem

In response to its legislative mandate the new National Center on Child Abuse and Neglect (NCCAN) has developed Federal Standards which are intended to serve as a model of legal, organizational, procedural, and service provisions related to responding to the problems of child abuse and neglect. While standards related to child welfare programs are both historical² and contemporary³ none have been as comprehensive in their prescription as these.

In an effort to make the Standards as helpful as possible, NCCAN supported the development and limited field testing of an evaluation procedure the utilization of which would facilitate the efforts of states and/or communities in assessing how their provisions for responding to the problems of child abuse and neglect compared to those prescribed in the Standards.⁴ The results are intended to provide data to support planning for improved provisions. One significant element of the Standards is the description of a broad range of services (e.g.,

* This article is based on material developed through a grant, #90-C-430, from the National Center on Child Abuse and Neglect, Children's Bureau, Office of Child Development, Office of Human Development, DHEW.

medical, dental, psychiatric, legal, employment, job training, family counseling, day care, foster care, and various emergency services, to name only a few) which if utilized independently by families are presumed to be useful in preventing child abuse and neglect, in a primary preventive sense, or which could be useful in treating families where either of these phenomena have occurred. While the development of such a statement is obviously ambitious, no less so is the development of an evaluation procedure to be used in conjunction with it.

The Evaluation Context

The notion of evaluation related to a set of federal standards, including broad-scale service networks, requires some elaboration in terms of its potential meanings and the meaning to be attributed in the present context. Various theorists of evaluation research have proposed classifications of methodological approaches. For example, Tripodi et al.⁵ suggest three basic objectives of program evaluation: program effort, program effectiveness, and program efficiency. Suchman⁶ proposes five categories of criteria for evaluating the success or failure of a program: effort, performance, adequacy of performance, efficiency, and process. These classifications, however, tend to be conceived in relation to individual programs which feature a single service or a very limited set of services. The evaluation problem which spawned the issue of evaluating broad-scale service networks suggested a classification of evaluation research which is inclusive of those proposed by Tripodi et al. and Suchman, but is of necessity more expansive and at a higher level of abstraction. An evaluation which has an a priori baseline, such as the Standards related to child abuse and neglect, may be conducted in three sequential stages, each of which relies on a different methodology. These are broadly labeled: baseline evaluation, implementation evaluation, and effectiveness evaluation. Standards related to human services can be viewed as a baseline for optimal response to a problem, the assumption being that if the baseline provisions for response exist and if they are properly implemented,⁷ there will result a significant effect on the problem. The research upon which this discussion is based was concerned with development and testing of an evaluation procedure by which the existence of basic provisions for responding to the

problems of child abuse and neglect could be evaluated, thus a form of what is called here a "baseline evaluation." Only one exemplar of this type of evaluation is known to the authors; that is the evaluation procedure which accompanies the Standards for Community Agencies, Serving Persons with Mental Retardation and Other Developmental Disabilities.⁸

Service Measurement Alternatives

The primary concern of this paper will be limited to only one aspect of the baseline evaluation procedure; namely, a measure for the broad-scale service network. The language of the Standards in this instance varies between suggesting that the services should "exist" and that the services should be "adequate." Obviously, the development of a measure appropriate to indicate whether a broad range of services "exist" is relatively straightforward. A simple checklist will suffice, but the information obtained is of comparatively little value. Knowing only that a service is present, while obviously basic, provides little information. An obvious problem with the "present-absent" measure is the unknown extent of variation in evidence required before the phenomenon of interest is judged "present." Pressing the measurement issue further to the concept of "adequate" poses a much more complicated problem, and the problem is magnified in scope by the variety and breadth of the range of services. It is the focal concern of this paper to address the latter issue specifically and, in the course, the problem of evaluating broad-scale service networks generally.

The very notion of a measure of the "adequacy" of a set of services, especially a complex and broad-ranging set of services, suggests a quantitative measure having a strong relationship with "needs assessment." "Needs assessment" refers to a class of methodologies which can be used to determine the extent of need within a population for specific types of services.⁹ Variations in methodology are primarily accounted for by the different types and sources of data used in the process. Needs assessment usually is not concerned with the "adequacy" of services to meet the needs revealed, but only with the distribution of the problem/s within the population of concern. The measure developed and tested in the course of the Standards project to measure the "adequacy" of services included data from "needs assessment" studies as well as other data.

The Proposed Measure

The measure of "adequacy" of services is expressed through the following basic formula:

$$A_s = \frac{N_{pps}}{(N_{pa-rs}) \times (P_{a-rns})}$$

where: A_s = Adequacy of Service

N_{pps} = Number of Persons Provided a Service

N_{pa-rs} = Number of Persons At-Risk for a Service

P_{a-rns} = Proportion of At-Risk in Need of a Service

The "Adequacy of Service" is calculated by dividing the "Number of Persons Provided a Service" by the product of the "Number of Persons At-Risk for a Service" and the "Proportion of At-Risk in Need of a Service." If the value of the ratio is 1.0, every person in need of a service is receiving it. If it is less than 1.0, some persons in need of a service are not receiving it. If the resulting value is greater than 1.0, more persons are receiving a service than need it (probably a rare event).

The components of the formula will now be elaborated further. The "Number of Persons Provided a Service" is circumscribed by the dimensions of time and geography as well as a single specific service. That is, the number will pertain to persons provided a single service within a given unit of time (usually one year) and within set geographic boundaries (usually counties, state regions or districts, or states). The definitions of services available through the United Way of America Services Identification System¹⁰ is extremely valuable in resolving issues about the mutual exclusivity of service categories.

The "Number of Persons At-Risk for a Service" is defined as all persons in the same geographic unit as in the numerator who possess the basic characteristic, usually their age, which would theoretically put them in potential need for the service (e.g., for day care service this would be at least all children of preschool age). These data are easily

obtained from the U.S. Census. Of course, all persons with the basic characteristic (or, all persons "at-risk") which is prerequisite for potential need of a service will not necessarily need it. Therefore the at-risk group is reduced by the "Proportion of At-Risk in Need of a Service." The P_{a-rns} is that part of the at-risk group who have been determined through a needs assessment study to need the service, or alternately, who possess a second prerequisite characteristic which would constitute a proxy prescription of need for the service (a proxy prescription for day care service, for example, would be the proportion of preschool-age children who have working mothers). Unfortunately, proxy measures often require unwarranted assumptions which reduce their validity.

It is anticipated the basic formula must be modified slightly depending on the problem for which service is needed and the degree of specialization of the service typically rendered in response to it.

To continue with the day care service example, the measure is utilized for assessing the adequacy of day care services in two counties in the State of Washington (see Figure 1). The two counties, King and Grant, represent extremes of population and population density, with King containing Seattle and the largest urban area of the state and with Grant being a predominantly rural county. Even though this illustrative application of the measure yields values which show the relationship of services to need-for-services, the results must not be interpreted because of the poor quality of some of the data available for use in the formula. In other words, the measure may provide a means of deriving a very useful index of the relation of services to service needs, but if the quality of the data available to use in the measure is poor, then the result is likewise poor. Unfortunately, this situation is the rule rather than the exception.

Problems in Applying the Measure

There are two major problems which must be solved before this measure of "adequacy of services" can be utilized effectively. These are problems of obtaining reliable data for two of the three major elements of the measure; namely, the "Number of Persons Provided a Service" and the "Proportion of At-Risk in Need of a Service."

FIGURE 1

Illustration of Use of the Adequacy of Service Measure

County	Number of Children Under 6 Years (# at-risk)	Proportion of Children with Working Mothers (P at-risk)	Number of Children Receiving Day Care in One Year	$A_s = \frac{N_{pps}}{(N_{pa-rs}) \times (P_{a-rns})}$
King	114,842	.297	11,000*	$A_s = \frac{11,000}{(114,842)(.297)} = .32$
Grant	4,499	.320	994 [‡]	$A_s = \frac{994}{(4,499)(.320)} = .69$

*This figure is probably a gross underestimation in that it is based on incomplete reports from day care centers and does not include unlicensed home day care arrangements.

[‡]This figure only includes day care paid for by various governmental sources and consequently is also an underestimate.

The first major problem in obtaining the data necessary to utilize the adequacy of service measures is obtaining the "Proportion of At-Risk in Need of a Service." For purposes of the project from which this discussion derives it was anticipated these data would be available either from a comprehensive needs assessment of the U.S. population for all types of services or from more specific needs assessments directed at the need for single services. Considerable resources of the project were devoted to locating needs assessment data which might be used or adapted for use in assessing the adequacy of services. Nothing of acceptable quality could be found! Put most simply, data on the distribution of need for specific services within the U.S. population or even local populations is not available, despite the recent emphasis on needs assessment by federal agencies dealing in human services.¹¹ Obviously, if the extent of need is not known, the adequacy of services will never be known.

For purposes of the project, it was determined that the "Adequacy of Service" measure could not be used due to the lack of data on "Proportion of At-Risk in Need of a Service." However, the possibility existed that the numerator of the formula, "Number of Persons Provided a Service," could be used as a descriptive measure of service capacity. This interpretation of N_{pps} requires the assumption that services tend to operate at capacity. In the human service area generally, this is probably a tenable assumption. Appropriate data would consist of unduplicated counts of clients provided specific types of services within set time and geographic constraints. What was assumed to be a relatively straightforward data collection problem turned out to be so complicated and the quality of the data so questionable that these factors, combined with the inordinate time and costs to collect and collate the data, forced the conclusion that data of this type are of questionable value as descriptions of service capacity. Before expanding on this conclusion, however, some justification through a review of the problems involved in collecting capacity of service data is warranted.

There are two primary classes of problems in attempting to utilize service capacity (or number of persons served) as an evaluative measure. The first class are conceptual problems; the second are data collection problems.

In the case of a baseline evaluation (i.e., based on "Standards"), the conceptual problems include the issue of whether the prescribed set of services is the set of services most relevant to the problem, that is, is the service set too comprehensive or not comprehensive enough, is it the optimal combination, and so forth. In other words, the validity of the set is an issue. Again, in the case of a baseline evaluation, the resolution of this issue rests with the authors of the Standards.

Another conceptual problem of major concern is the problem of defining and categorizing services. Some of the problems in the NCCAN Standards included a lack of clear meaning for such services as, for example, "health stations," "emergency neighborhood crisis centers," and "therapeutic play schools." In at least one instance the service prescription may have been so specific as to preclude its existence except rarely, namely, "pediatric services that focus on treating children who have been abused or neglected..." The prescriptions also referred variously to services, programs and service delivery systems, thus posing an obvious problem for measurement. For example, the Standards prescribe "psychiatric and psychological services," "vocational education and job skills programs," and "child guidance clinics;" the latter two may include psychiatric and psychological services. As mentioned earlier, United Way of America has developed an extremely valuable taxonomy of social goals and human service programs, the United Way of America Services Identification System (UWASIS II),¹² which was utilized as a framework for correcting most of these conceptual problems. There are other similar classification schemes, but a recent comparative analysis determined that UWASIS was the best available.¹³ UWASIS outlines eight basic social goals, the service systems which promote these goals, specific services in the systems, the programs which perform the services. UWASIS also provides definitions and descriptions of the goals, systems, services, and programs, which make them mutually exclusive, thus providing a systematic framework for categorization of services.

The data collection problems are considerably more difficult to overcome. For each type of service an unduplicated count of persons served within single organizations was sought. It was obvious that there was no readily feasible mechanism for controlling duplication between service organizations for the same service (e.g., some persons

shop for the right marital counselor). The initial expectation was that by bringing together already compiled data from a limited number of sources representing the public and private sectors of social services, such as annual statistical reports of state (county and city where appropriate) social service departments and United Way, plus similar data on legal services, health services, and a few others, an easily obtained description of "capacity to provide services" could be developed. This was not true. The emphasis, of course, was on developing a data collection procedure which could be readily replicated in other states, counties, and communities.

A number of problems were encountered in the search for sources of data on service provision. These problems varied rather consistently according to the size of the county involved. For less populous counties there tended to be no central compilation of services data or, in the extreme, no count of persons served at all. In the large counties where the service networks were much more complex, the sources of data on number of persons served were multiple. None of the sources were complete for our purposes, but the extent to which overlap occurred could not be determined. Day care services provide a good illustration of this and other problems. For King County, Washington the state social service department had statistics on day care services which were funded through state and federal sources; United Way had statistics for day care programs for which it provided funds; and finally, the City of Seattle Office of Policy Planning in conjunction with the King County Department of Budget and Program Planning, United Way, and the Easter Seal Society had compiled an inventory of human services containing information on approximately 900 human service programs including day care. This type of situation forced either a choice of one source as the "best bet" or an attempt at undoing obvious overlap.

The diversity of the services specified in the Standards further reduced the likelihood of a central accounting for all services. This situation required contacting individual departments of state and local government on some services, school districts, health systems agencies, and so on for others in an attempt to assemble all of the required information. But even where this could be accomplished to a reasonable degree of completeness, other issues remained. These included such

issues as (1) the frequently observed low inter-reporter reliability, particularly in relation to multiple reporters using standardized forms to send data to central data banks;¹⁴ (2) the lack of data on services provided under private auspices, namely, all manner of private professional services such as health, legal, psychiatric, counseling, and private unlicensed day care arrangements (the latter estimated at 64 percent of all day care arrangements¹⁵); (3) variations in reporting time periods for different agencies, i.e., calendar year, fiscal year, only monthly with no annual total; (4) variations in count units, i.e., number of individuals, number of families; (5) possible duplication in counting caused by an individual entering a service more than once per year and/or undercounting when an individual receives more than one type of service within a single agency, but is only counted once for the agency; (6) possible duplication in counting caused by one agency subcontracting with another for a specific type of service and having both agencies count the client; and finally, (7) agencies which provide multiple types of services as specified in the Standards reporting only a total clientele served, but not breaking that figure down to total persons served by type of service.

Considering this extensive list of known and potential sources of error in arriving at a count of the "Number of Persons Provided a Service," plus the high costs in terms of personpower time, we could only conclude that gathering this type of data as a component of the baseline evaluation procedure should not be pursued. Further, rationale for this position comes from the fact that number of persons receiving a service as a proxy measure of capacity to provide service is ultimately only a descriptive measure. Capacity to provide a service is certainly an underestimate of true need for service. Without a reasonably accurate comparative baseline such as an empirically derived measure of need for services, the meaning of a service capacity figure is difficult to interpret. Some might argue for interpreting the significance of such a figure based on an "informed" or intuitive judgment of need. We argue against such interpretations on the basis of their high degree of subjectivity.

Discussion

Stimulated by the challenge to evaluate the "adequacy" of a broad-scale network of human services prescribed in Federal Standards for state and local responses to child abuse and neglect, an "Adequacy of Service" measure was developed and field tested. The measure provided a mechanism for bringing together two forms of data heretofore not combined, namely, numbers of persons provided specific types of services and numbers of persons in need of those services. Knowledge of the relationship between these two forms of data, in the form of the "Adequacy of Service" measure, can provide evaluators and service planners with valuable information which is fundamental in examining broad-scale service networks, but also can be critical in individual service evaluations or planning. Even though the components of the measure seem relatively simple, the field testing experience revealed that the acquisition of data relevant to them was much more complicated than anticipated. As noted earlier, valid and reliable data was not available for either of the two major components of the "Adequacy of Service" measure. As a result, the field test experience rather than advance evaluation and planning measurement methodology, revealed (or reiterated) the inadequacy of two data systems essential to evaluators and service planners.

Developing a data base to describe the number of persons served by type of service in a network requires development of information systems which will provide complete, consistent, comparable and reliable information for all community human services, aggregated at least to the county and state levels. Such an information system depends upon a systematic, mutually exclusive categorization and definition of services (such as UWASIS), and a format for quantifying number of persons served (as well as other variables). The latter must, as far as the persons served elements of the system are concerned, provide for common units of count (e.g. individuals, families or both), for common time units, a means of eliminating possible duplication of count, and inclusion of private practitioners. Obviously, the most difficult problem in developing information systems of this type would be obtaining the necessary cooperation among all of the needed reporting elements. These elements tend to be accountable to their sponsoring (and funding) organization which involves every level of service organization sponsorship from private to

all levels of government. Each service organization sponsor historically has developed an accounting system responsive to its own needs rather than to the service needs of the population or to the need for comprehensive planning. Within the context of mounting concern over the production of massive amounts of unused or useless data, a simplified, standardized, state-wide or national service information system may have appeal.

Describing the service needs of the population requires the utilization of some form of needs assessment technology. As discussed earlier, there are several models for assessing the social, health and other service needs of a given population. Most of these models rely on proxy measures (social indicators or demographic data) or on secondary sources of data (key informants, community forums) to describe the service needs. Some examine only those persons currently utilizing existing services and exclude those who need or potentially need existing or undeveloped services. Possibly the most valid needs assessment methodology, however, is the direct survey of at least a representative sample of the population to allow the potential service users to define their own service needs. While the survey method avoids some of the problems and unwarranted assumptions common to proxy measures, self-assessments are not without problems. However, if needs assessment surveys utilized broad categories of need, much of the stigma associated with admission of "need," individual weaknesses or deviations, family conflict, illegal behavior and so forth could be dissipated and reasonably reliable data produced. A case in point is the Gurin et al. 1960 survey of how Americans viewed their mental health.¹⁶ Of course, to be of most value to planners needs, data should be produced on a routine basis. Possibly the best mechanism for obtaining such data would be through an expansion of the mandate of the U.S. Census (which will soon be conducted every five years) to include the basic needs information. The alternative would be periodic national needs assessment surveys sensitive to need variation caused by population age, location, cultural ethnic affiliation, economic position and so forth.

Adequacy of human services can only be understood by bringing together these two distinctive forms of information as major elements of the proposed "Adequacy of Service" measure. Neither the levels of service provision nor the needs assessment data alone provide more than

descriptive indicators of service planning. Information systems of both types must be developed and routinized as an aspect of the human services delivery process in order to give evaluators and planners of comprehensive human services the data necessary for critical decision-making related to service adequacy and service deployment.

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PROBLEMS OF ESTIMATING SERVICE ACCESSIBILITY*

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PROBLEMS OF ESTIMATING SERVICE ACCESSIBILITY

Accessibility to services of all types has been widely recognized as a critical factor in service utilization, often as a problematic factor. Despite considerable lip-service to the importance of accessibility, service planners and evaluators have seldom moved beyond this point by incorporating accessibility indicators into their planning or evaluation strategies. Recent impetus to include accessibility as a critical element of a service evaluation strategy was provided by a mandate to develop an evaluation procedure for use with new Federal Standards on the Prevention, Identification and Treatment of Child Abuse and Neglect.¹ The Standards include prescription of an extensive network of services and the further prescription that the services be "accessible." For the most part the concern is with geographic and financial accessibility, but the concept has not been limited to these dimensions. As a factor in service evaluation, accessibility presented both conceptual and measurement challenges.

We approached the Standards requirement for measuring accessibility by first conducting a thorough literature search of existing measurement schemes; the literature search led us primarily to the fields of geography and urban planning. The survey and consultation with a specialist in spatial analysis and "access" research relative to medical services revealed that the measurement of accessibility would involve a great deal of intricate data collection and expense. A discussion of those issues follows in the form of a statement on the state-of-the-art and considerations for future directions on access research and measurement development.

THE STUDY OF SERVICE ACCESSIBILITY

Political changes during the past decade have increased the power of citizen consumer groups. This has stimulated a number of concerns relative to serving client needs. Federal and state governments have responded by developing special offices such as HEW's Office of Citizen Participation, setting up service delivery standards, disseminating consumer information, changing laws to protect the underserved or groups traditionally neglected by certain kinds of organizations, and

by using governmental monies to achieve more comprehensive and equitable treatment for agency clientele. Along with these developments, the issue of clients' accessibility to social welfare services (social welfare services include social, health and educational services) is now recognized as an important aspect of administrative responsibility. The choice of location of social welfare service programs often does not take into account agency responsibility for client accessibility. The added requirement that agencies be located on a busline is not much of an improvement. The assumption seems to be that clients having needs relevant to given service programs will be motivated to seek out and avail themselves of these services. This assumption is particularly unfounded regarding services dealing with socially proscribed or illegal problem areas such as child abuse and neglect, drug addiction, juvenile delinquency, and so forth. Social welfare service accessibility is a complex issue with important implications for meeting client needs.

The importance of social welfare service accessibility is reflected in recent discussions, debate, and proposed reform for the American social welfare service delivery system. For example, the Assistant Secretary of HEW stated that, "services as currently organized do not constitute a rational system, simply organized and fair to all Americans. Access to existing services often is blocked and human service programs do not adequately meet the needs of those they are intended to serve."² The problem of "accessibility" to services has prompted the Assistant Secretary to recommend legislation to support and develop a unified delivery system, and also authority to increase Title XX expenditures for the purpose of developing a community based system for access to services. State level administrators and program evaluators have also commented on the need to improve client accessibility to services.³ But there is an absence of empirical information, and the assessment of accessibility is poorly understood.

A current report on "The Future of Social Services," released by the National Conference on Social Welfare,⁴ presented findings that indicate our poor understanding of service accessibility: (1) 60 percent of the clients for governmental social services are turned away from agencies, (2) only 17 percent of the remaining 40 percent of the people seen by agencies are actually served, and (3) one of five people referred

from one service agency to another reached that agency. In view of the fact that there are 78,000 state and local governments, each administering a variety of service programs to their constituency, the problem of access to services has justifiably engendered concern from individual clients, consumer groups, scholars, practitioners, and policy makers. There is agreement that access to social welfare services is a serious problem and one that we need to know more about in order to deliver effective services.

The purpose of this paper is to discuss why the issue of social welfare service accessibility has not advanced appreciably from practice rhetoric and political promises to become an integral part of the social welfare service planning process. We find that the concept of "access" has not been adequately defined or operationalized; there are a number of independent perspectives which are based on problematic and untested assumptions. Second measurement schemes attending studies of access have been developed apart from conceptualizations appropriate for social service (social services is defined to include family and mental health counseling, casework services, information and referral, child welfare services, emergency aid, shelter, and food services) accessibility. In addition to indicating that social service planners and researchers must define access in relation to the unique properties inherent in the social service system, it is suggested that comparative studies elaborate substantive theory across social welfare service systems and populations.

PROBLEMS OF DEFINITION

Most social welfare service administrators would agree that "accessibility" to services is a major concern in effective service delivery; yet the literature and accompanying field practice suggest that this issue commands very little attention, technical or descriptive. A recent survey of State Budget Reports for 36 states found that measures of accessibility simply did not exist.⁵ Perhaps the criticisms of planning mandates such as the Comprehensive Health Planning Act, the Hill-Burton Hospital and Health Facilities Survey, and, most recently, Title XX of the Social Security Act are due at least in part to the fact

that planning practitioners have not been presented with a viable definition of the term - "accessibility." The lack of such a definition makes it difficult to incorporate the measures of accessibility in the design and implementation of evaluation or planning models. There is a lack of clarity and agreement as to the exact meaning of accessibility and its parameters. The concept of accessibility involves a multi-dimensional phenomenon which impairs the enjoinder of two entities; one being the service user, and the other the service facility or service provider. Investigators, however, have approached accessibility through single dimension perspectives. That is, existing research tends to cling to narrow, discipline-bound theoretical frameworks. This promotes a "disciplinary bias" where scholars from various disciplines offer different, yet not necessarily conflicting, approaches.⁶ These approaches, therefore, have failed to adequately define "access" or generate empirical evidence which presents a composite view of this problem area.⁷ The following discussion briefly reviews the major perspectives and, then, drawing upon the critical elements identified, a definition of client accessibility is advanced.

Approaches to Accessibility

The geographical approach defines access to services by the amount of physical distance between the provider and the service user. Over the last 40 years, geographers have borrowed from the physical sciences to advance their approach to access. (This borrowing has drawn primarily on "central place theory" which postulates a functional hierarchy of service units and assumes that clients-consumers travel only as far as necessary to obtain the necessary or desired service.) They have moved from an initial consideration of the "point of minimum aggregate travel" to the measurement of many structural considerations such as the availability of public transportation and freeway systems, road conditions, the density of the population, and physical structures that must be traversed. The advancements reflected in this development suggest that the measurement of physical distance by itself has limited value; it is instead the total travel time or "total effort" that is more meaningful. The geographers definition of "total effort" requires assessing the "friction of space" which is a function of the time and physical distance that must

be traversed to obtain a service,⁸ and also the amount of "human effort" that is required. Shannon⁹ notes that, "Human involvement in terms of effort, the distribution of effort over multiple purposes, choices between alternatives, and the ease of transportation become some of the features which factors representing distance should reflect."

Similiar to the geographical view, economists have taken a narrow approach toward defining accessibility. Access has been construed to be a problem of first maximizing the internal performance of the service system through the development of centralized service outlets. The efficiency of centralized services are judged by a decrease in operational costs. But an increase in transactional costs for consumers residing furthest from the service center has been rarely considered. The economic approach more recently has expanded the definition of accessibility to include "opportunity costs" for consumers. ("Opportunity costs" refer to options denied by expending resources such as time or money on something. Availing oneself for service at a specific time precludes the use of that time for other possible activities). Economists have addressed this issue by refining the traditional economic theory which asserted that goods are direct objects of utility. Currently, the properties or characteristics of a good are factored out to determine what combination yields the greatest utility for the consumer. This recent development promises to have a direct influence on the definition of accessibility and the construction of consumer satisfaction oriented planning models.¹⁰

The sociological view of accessibility indicates that if social variables such as race and ethnicity are considered, the geographic and economic factors are secondary to the operational definition of access. Ethnic groups, for example, patronize their own service facilities as indicated by the location of religious sponsored facilities in complementary neighborhoods; rarely will one find a Catholic hospital in a Protestant neighborhood, or vice versa. Organization theorists from sociology and related disciplines have probed the issue of client access with their consideration of organizational and environmental constraints to access. The reputation that the organization generates from its method of processing applicants,¹¹ its admittance policies, treatment plans and perceived outcomes all carry psychological influences on an individual's motivation to travel to a particular service setting.

Another dimension that these scholars have pursued recently is the notion that different types of services such as mental health, public assistance, or child protective work, and also agency sponsorship -- private or public -- affect an individual's desire to "obtain" access. Furthermore, it has been suggested that an individual's political position, perceived or actual, and an individual's access to political power affect service accessibility.¹²

Accessibility Defined

A viable definition of accessibility should take into account physical space and the friction of space which includes time, cost, social constraints, and other factors found to affect one's motivation to receive services. In other words, the definition should demarcate the salient aspects of accessibility, differentiating it from other things. Accessibility is a multidimensional concept descriptive of factors which impair or facilitate utilization of needed services including such factors as: physical distance to the service, travel time and expense, type and severity of the problem, flexibility of service hours, necessity for work absence, and social/psychological stigma associated with the problem. Although quite broad, this definition (a) subsumes the variety of uses to which the term accessibility has been put; (b) expands the meaning of accessibility beyond the simple distance or time conceptualizations to include "total effort;"¹³ (c) incorporates the recognition that client characteristics are an integral part of accessibility; and (d) provides a foundation for the use of a single classification scheme which should facilitate greater coherence and unity in constructing theories.

Until more complete analyses of the intervening factors which account for the variance in service usage are undertaken, information regarding accessibility will have little utilitarian or scientific value. Although each of the contributing disciplines have recognized that variables outside the parameters of their own must be considered, multidisciplinary models have not as yet been developed. Despite an affinity for the same problem area, there exists an apparent "pluralistic ignorance;"¹⁴ students of accessibility come from various disciplines

and seem not to be aware of one another's work. This leaves two questions unanswered: (1) Have the major variables been fully revealed, and (2) if so, what importance should be assigned to each variable? These questions will remain unresolved until a concerted effort is mounted to develop comparative studies, testing and elaborating the results gathered from previous research and model prescription.

AN ACCESS APPROACH FOR SOCIAL SERVICES

Approaches to the definition of access and the nature of the assumptions underlying measurement procedures have undercut social service administrators and interested planners. Given the volume of research on access to medical services, production goals are less difficult to outline for medical service planners than social service planners. For the social service planners, the problem of accessibility requires some preliminary ground work. The "goods" produced by this system have less public understanding and will require more detailed analyses of consumer behavior than most other service systems. The social service planner must, therefore, temporarily move back from the conceptual schemes developed for medical services and begin to delineate the access dimensions which pertain especially to the social service system.

While measurement models of access for the social services will undoubtedly include many of the same variables discovered in the medical and business fields, there will also be others, and the final weighing of relevant variables should portray an access framework unique to the social service system. Such a design must consider the overall "mission" of the social service organization. The overall "mission" of social service organizations may be categorized as dealing with "people changing" activities, or "people-processing" activities.¹⁵ A "people-processing" approach describes the "mission" of a medical service organization. Child protective services, family counseling services, and so forth entail activities designed to change peoples' behavior. Assuming that the purpose of a social service organization is to change behavior, it is important to note the characteristics of the clientele so that this

information can become a baseline from which to identify access discrepancies between the population served and those in need of services.

Using the process/change distinction as a starting point, it becomes apparent that personality variables merit close scrutiny for the assessment of access to "people-changing" type services. These, of course, are in addition to the consequences of physical distance, economic and social factors. Also, client ideologies reflecting support, opposition or apathy toward change strategies represent strong factors in service utilization. A vocal segment of the public considers social service recipients to be weak individuals that are not able to contribute to society, provide for their own needs, or the needs of their families. Further, the public sometimes openly challenges the rationale and support of social services; individuals must thus overcome the personal feelings of inadequacy that accompany any involvement with such stigmatized services.

Coupled with the "stigmatizing" factor, the issue of equity also confounds the problem of access to social services. This is similar to medical services. However, in contrast to the medical care system (where, from the belief that health care is a fundamental right, few individuals would actively oppose administering medical care services to injured or dying persons) social services are distributed with caution. There is a fear that the receipt of this personal aid will further encourage dependency or family disorder. Unlike medical services from which the public receives direct benefits such as prevention of communicable diseases, social services distribute personal aid which seems to benefit only recipients. Given the prevailing societal values, social service suppliers are required to adopt policies that severely limit these public "gifts." Consequently, consumer conformance to the restrictive and ever-changing eligibility guidelines has an effect on social service utilization rates. If, in the future, social "change" services become available to all in need of service, then perhaps the access problem would be a mirror reflection to the medical care system.

The issue of "equity" remains unresolved, and social service consumers are stigmatized by it. Social service planners dealing with "people-changing" institutions must pursue the development of access models that stress the importance of personality variables as affected

by stimuli prior to entry and after entry. Planners also must be mindful of the pitfalls and limitations of existing efforts to develop access measurements. Adoption of available measures should not be considered until a concentrated effort is mounted to conceptualize an access framework developed specifically for social services. Clearly, review of the existing access literature has demonstrated that measurement of accessibility requires careful theoretical conceptualization and empirical developmental work.

UNTESTED ASSUMPTIONS IN MEASURES OF ACCESSIBILITY

Measures of accessibility have been basically characterized along three dimensions: (1) ratios of supply and demand, (2) physical distance or spatial configurations, and (3) travel time. Ratios of supply and demand are widely used but mainly by economists. This dimension represents an indirect measure of accessibility. The physical distance between a client's residence and the service unit is the most frequently examined variable. This is because physical distance measures are considered the most objective, and social welfare service records almost always include home addresses. Even though travel time appears to be a straightforward measure, it is difficult to obtain; and it is subject to error if random sampling of time units is not employed, or if accuracy must be maintained to within minutes instead of hours.

There have been some important developments refining these basic dimensions. These involve the incorporation of travel costs or other social-type intervening variables assumed to be related to the nature of the service unit and clients' proclivity to use the service. While these refinements represent clear-cut improvements over the use of single-dimension measurements, they have not been applied in social service units other than hospitals, and they do not affect certain critical assumptions underlying the basic dimensions of accessibility. This suggests a need for conceptual clarification and expanded measurement development. In the following discussions, we examine the major assumptions underlying the dimensions of accessibility. As will be shown, the nature of these assumptions casts doubt as to the feasibility

of using existing measures of accessibility in evaluations of social welfare service delivery.

Differences Between Individuals and Groups Obscured

Measures of accessibility are employed typically within a prescribed geographic area. The geographic units selected tend to be service areas that have been delineated for administrative purposes. Ratios of the resident population to direct service providers are estimated and compared with prescribed or desired levels of service. (Since such ratios represent an indirect measure of accessibility, they must be interpreted with caution. Due to technical assistance, for example, service may be highly accessible in regions showing a low ratio of service providers to clients). The most frequently used measurement procedure for estimating accessibility involves drawing a straight line distance from census tract centroids to a service unit. Time measures involve replacing physical distance with an estimate of the time required to travel a certain distance. The methods employed to measure travel time consist of constructing "isocrome maps" which present the time to travel various distances by designing time increments on the basis of available operating characteristics for the different transportation modes. Estimates of accessibility are achieved by measuring the minimal travel time from population center -- using census tract data -- to the available service.

Straight ratios of resident population to service providers, aggregate average physical distances, and points of minimum travel time each obscure differences between individuals and groups within catchment areas. It is thus assumed that variables such as age, income, race, religion and so on are randomly distributed. The introduction of such variables into the measurement model increases the accuracy of accessibility estimates, but such refined measures do not exist for social service agencies. Since the specific variables to be included and the relative importance of these variables will be generally different for different kinds of service, there does not exist at this time a suitable measure of social service client accessibility. Of course, the medical service access models such as those developed by Schneider¹⁶ and Miller¹⁷ provide direction for the needed research. But an untested adoption of these

models would introduce unknown sources of error in social service accessibility estimates.

Clients Assumed to Have Similar Needs

A second assumption, stemming from the first, is that all clients are represented as having similar needs. That is, measures of accessibility, do not reflect variations in individuals' needs. Yet individual needs for a variety of reasons vary widely. Accumulated experience in the health field and market research in business help to reduce the effects of such error for these kinds of services. Trend analyses concerning products sold and medical ailments incurred tend to be reasonably stable from year to year. In the more broad social service sector, however, information regarding individual needs tends to be of poor quality or nonexistent.¹⁸ Trends appear to fluctuate more sporadically, and the methodology of "needs assessments"¹⁹ has only recently begun to address this problem.

Assume Nonoverlapping Service Centers

A serious problem with measures of accessibility has to do with clients using services outside of the selected-designated catchment area. All three variants of accessibility assume that the units of service do not overlap. These procedures thus ignore disparities arising from services provided outside of the catchment area. This problem derives from the use of administratively designated catchment areas. As it happens, there are important differences between actual service regions and such administratively designated regions. Shannon et al.²⁰ points out that, ". . . the discrepancy between political units and the sociological interactive community is so great for metropolitan areas as to have led to the concept of the Standard Metropolitan Statistical Area, which overlaps counties, and which possesses substructures demanding analysis. Census tracts help, but do not handle, this problem. Even outside of metropolitan area, boundaries are difficult to establish for medical care service areas." The boundaries for social services which are less firmly established than medical care are quite likely even more elusive.

In summary, the various dimensions of accessibility are in need of developmental work. Techniques which adequately describe the distribution, density and overlap of social welfare services must be mapped out. It will be necessary to conduct needs assessments to learn the relevant patterns of service utilization. These assessments should examine seasonal variations in service demands which, if neglected, introduce error of more or less magnitude depending on the extent of variation and nature of the service provided. In addition, factors such as people's familiarity with different travel routes, travel mode preferences, road conditions, and so on must be incorporated. Critical intervening variables found to affect accessibility in the area of medical care and elsewhere must be tested in the social service area; but also it will be necessary to create models which reflect the reality of social service. Variables which affect the utilization of social service but not medical care must be delineated. Developmental work of this type will permit reasonably unbiased estimates of accessibility.

THE NEED FOR EMPIRICAL STUDY

The research on accessibility to services may be characterized in terms of single-shot case study approaches rather than comparative studies geared to achieving generalizations. Access researchers have supported the case study approach primarily due to concern for validating and refining measurement techniques, and also because the necessary data is difficult or impossible to obtain.²¹ However, if the research on accessibility was broadened to emphasize the development of comparative studies, its validity and hence usefulness would be likely to increase. McKinley²² has made a similar assessment: "Virtually every study directly concerned with utilization behavior has collected or employed limited data on specific populations, constricting inference considerably. The population may be drawn from a particular area of city, or more frequently from consumers of a specific service."

The physical-distance and travel-time dimensions inherent in accessibility measures are well-suited to comparative studies. Cherniack and Schneiders'²³ study of hospitals in Cincinnati, Earickson's²⁴ study of Chicago hospitals, and Morrison's²⁵ travel-time measurement scheme for Pittsburgh hospitals, all might have but did not analyze in full the

causes and consequences of different rates of access between hospitals within these respective catchment areas. The failure to conduct comparative studies appears not only to be the result of a misplaced emphasis upon improving measurement techniques, but also the general desire to improve services. The emphasis is misplaced because without systematic comparative studies, there is no way to resolve contradictory findings, and, therefore, viable recommendations cannot be offered planners or administrators. For example, studies of physical distance which tend to dominate the literature have sometimes found that, service utilization rates decline with increasing distance from the service provider,²⁶ but other times increasing distance makes no difference.²⁷ A valid explanation for such inconsistent results could be provided with multivariate comparative studies or time-series replications.

Research efforts which attempt to predict the degree of access for various consumer groups have also failed to generate comparative frameworks. Bashshur²⁸ and Solons²⁹ consumer studies dealt with the variables of income and race; Ro³⁰ and Weiss³¹ examined age and sex; and Schneider³² and de Vise³³ studied supply characteristics that influence utilization behavior. Each of these studies was restricted to single service districts, a single mode of service, and a single point in time. Again, scientifically valid and policy relevant knowledge is unlikely to be cumulated in this fashion. The evidence suggests that supply characteristics, sex, age, race and income affect measures of accessibility, yet each of these variables may differentially impact upon service utilization depending upon, among other things, the nature of the service provided, population density, number of similar service units, and so forth.

There is a need for research on accessibility to concentrate as it has on developing measurement schemes within service districts. But there is now a much greater need to maximize the conceptual categories of access by comparatively applying these measurements on a basis of both urban and rural service areas, populations, and modes of service. Even if the existing measurements were demonstrated as internally valid, their continued use within a case study framework result in no appreciable gain; the findings elude scientific generalization and practical conclusions alike. Until an investment is made in comparative studies, conclusions cannot be drawn, and recommendations cannot be made, which would improve our understanding of service accessibility.

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A BASELINE EVALUATION PROCEDURE
FOR
FEDERAL STANDARDS ON THE PREVENTION,
IDENTIFICATION AND TREATMENT
OF CHILD ABUSE AND NEGLECT*

Volume II

State of Washington Field Test

September, 1977

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James R. Seaberg, Ph.D.
Project Director

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This report is in a sense a byproduct of a research project funded by the National Center on Child Abuse and Neglect in which the primary objective was the development and field testing of an evaluation procedure which could be used by interested states or communities to determine the extent of congruity between their provisions for responding to the problems of child abuse and neglect and the provisions prescribed by the Federal Standards on the Prevention, Identification and Treatment of Child Abuse and Neglect (1976). The Standards are seen as "... 'good practice' suggestions reflecting state-of-the-art knowledge about child abuse and neglect . . ." They are designed as a framework from which "... to assess the effectiveness of existing programs, to suggest the kinds of programs necessary, and to assist advocacy efforts for new or improved programs" (Federal Standards on the Prevention, Identification and Treatment of Child Abuse and Neglect, 1976:1-2).^{*} The primary product from the project, a baseline evaluation procedure, is reported in Volume I of this series A Baseline Evaluation Procedure for Federal Standards on the Prevention, Identification and Treatment of Child Abuse and Neglect (Seaberg et al., 1977).^{**} In that report the development and testing of the evaluation procedure is described, along with problems encountered, revisions made, and the final recommended evaluation procedure. The field testing of the evaluation procedure took place in the States of Washington and Iowa. Aspects of the Standards which pertained to local areas were tested in three counties in each state, chosen to represent variations in population from the largest to the smallest. For the State of Washington these counties were: King, Yakima and Grant. In the process of field testing the evaluation procedure, data for the State of Washington and the three counties

^{*}Federal Standards on the Prevention, Identification and Treatment of Child Abuse and Neglect, Washington, D.C.: National Center on Child Abuse and Neglect, Children's Bureau, Office of Child Development, Office of Human Development, DHEW, (photocopied) Draft, October 1, 1976.

^{**}Seaberg, et al., A Baseline Evaluation Procedure for Federal Standards on the Prevention, Identification and Treatment of Child Abuse and Neglect: Volume I, Development, Field Testing and Recommended Procedure, Seattle: Center for Social Welfare Research, School of Social Work, University of Washington, (photocopied), September, 1977.

relevant to four major questions were collected. For each of the 525 items of the Standards the following information was sought: (1) was the state of local provision consistent with the Standards, (2) if not, in what way did it vary, (3) were there plans to change current provisions, and (4) what problems would have to be dealt with successfully in order to accomplish the planned changes. This report, then, is a presentation of the results of field testing the evaluation procedure in the State of Washington. Of necessity, we must assume familiarity with the Standards (being 235 pages in length they are not easily summarized). The evaluation procedure is presented in full in Volume I of this report.

Ultimately, of course, questions arise as to what the results of this evaluation mean and how they might be used. Since the baseline evaluation procedure used to generate these data used the Standards as a baseline against which comparisons were made, the meaning of the results of those comparisons must be tempered by the degree of validity attributed to the substance of the Standards by the audience/s of the evaluation. That is, the baseline evaluation procedure is based on the assumption of the validity of the Standards. Obviously, however, there will be variance in the degree of acceptance to that assumption on the part of different audiences.

If all or parts of the Standards are considered valid, then the results of the baseline evaluation give a reasonably clear picture of where changes in provisions for responding to child abuse and neglect are needed. In this sense the results of the evaluation can serve as a planning guide to be used by state and local officials, and others responsible for child abuse and neglect programs.

The substance of the report is contained in two major parts: "A. Summaries from an application of the Baseline Evaluation Procedure," and "B. The Raw Data." In part A., for each of the eight major sections of the Standards, a summary of the consistency of state or local provisions with the Standards is presented (a summation of answers to questions (1) and (2) above) followed by a summary of planned changes in those provisions (a summation of answers to questions (3) and (4) above) which in addition to its descriptive value is interpreted as a measure of the "stability" of the existing provisions. Where documents to substantiate the planning objectives (or where problems to be dealt

with) are not mentioned in the summary these data were not provided. In part B. the specific answers to questions (1) and (2) above are presented for all items of the Standards.

PART A

SUMMARIES FROM AN APPLICATION OF THE
BASELINE EVALUATION PROCEDURE

THE STATE OF WASHINGTON
KING COUNTY
YAKIMA COUNTY
GRANT COUNTY

CONSISTENCY
SECTIONS I A-B, VI A AND VII A OF THE STANDARDS
King County

Description of the County

King County, located in west-central Washington, has a land area of 2128 square miles. Most populous of the state's counties, it has a total population of 1,156,633 (1970 census) or 543.5 persons per square mile. The bulk of the population, about 1 million, resides within the SMSA of Seattle, the state's largest city. Seattle proper accounts for about one-half of the county's residents, 530,831 (1970 census).

The median income of families and unrelated individuals was \$11,886 in 1970; the mean income was \$13,359.

Median school years completed was 12.6 years for males and 12.5 years for females. The age distribution, by sex, is indicated by the following table.

TABLE 1
Age and Sex Distribution
King County, Washington

Age	Sex		Total
	Female	Male	
0-4 years	46,243	48,600	94,843
5-9 years	53,097	56,014	109,111
10-19 years	107,740	108,846	216,586
20-39 years	168,030	160,591	328,621
40-59 years	132,502	129,354	261,856

King County has a diversified economy, with the greatest proportion of persons employed in manufacturing and service industries. In outlying areas, agriculture employs a dwindling, but visible, population. The county also has a major seaport. The population is racially and ethnically mixed, particularly within Seattle.

Eight public and private institutions of higher education are located in King County. They include: The University of Washington, Seattle University, Seattle Pacific University and five community college facilities.

In 1974 there were 3,528 cases of child abuse and neglect reported in King County (this year corresponds to the year for which King County service data are available).

Social Service Data

In King County, the major sources of social service data were the Seattle-King County Human Services Inventory* (described below) and the Department of Social and Health Services. Additional information was obtained from United Way of King County; rosters of professional organizations; consumer protection services of the City of Seattle, the Office of the State Attorney General, and the Federal Trade Commission; the County Legal Services Office; King County Juvenile Court; Puget Sound Health Systems Agency and King County Health Planning Council.

Description of the Human Services Inventory

In the process of locating sources of social service data for the county, it was learned that a human services inventory had been completed in 1975 under the sponsorship of several King County organizations. Intended to serve as part of an information base for human resources planning and allocation decisions, this inventory provided comprehensive programmatic and fiscal information regarding the supply of human services in King County. It was the most comprehensive single source of data available.

There were some disadvantages to use of the inventory for this project. First, the most complete data were for the year 1974. Consequently, service data reported for the county are three years old, and there have been changes within the social service system during that time. A second disadvantage was that some agencies had been omitted

*Human Services Inventory, Seattle: City of Seattle, Office of Policy Planning, King County Department of Budget and Program Planning, King County United Way, and King County Easter Seal Society, (mimeographed), 1975.

from the inventory. Where the agencies were known, it was possible to supply the missing data by contacting the agencies directly. (Supplemental data were also based on the year 1974). However, some agencies had been omitted due to time constraints in gathering data for the inventory; agencies considered to be of lesser priority for planning and referral purposes had not been included. Records of agencies so excluded had not been kept, so it was not possible for purposes of this project to fill-in all missing data. Third, of the agencies included, some had not supplied data on numbers of persons served. Those agencies are accounted for in this report by indicating only the number of agencies providing each type of service.

It should be noted that the service figures reported for King County are, at best, gross estimates of persons served by community social services. The primary reason for this shortcoming is the lack of a comprehensive information system within the social service network. This lack presents the greatest difficulties in the urban area, where the service network is large and complex. Also, there has been no systematic effort to determine service needs, so that reporting service figures alone provides no index of the adequacy of the services in meeting the needs of the community. These issues are discussed in greater detail in Volume 1.*

Services Summaries

Three service summaries are presented in the following tables. Table 2 indicates the number of persons served by service and the total number of agencies providing each type of service. Table 3 provides information on agency fee schedules. Finally, Table 4 presents information specifically related to emergency services.

Table 2 indicates the number of persons served, by service, for those services providing complete data. Where information on number of persons served was not available, agencies providing the service are indicated in column 3, "No Data on Persons Served."

*See Volume 1 reference cited on page 1.

TABLE 2
Number of Persons Served and Agencies Providing Services
King County, Washington

SERVICES	Persons Served	Number of Agencies	No Data on Persons Served	Total Number of Agencies
Adoption Services	2,418	5	3	8
Advocacy	7,521	4	12	16
Alcohol Treatment	37,771	23	9	32
Community Health Clinics	9,077	2	3	5
Consumer Information/Protection	150,000 ¹	3		3
Counseling	64,430	37	68	105
Crisis Intervention Helpline	85,322	7	9	16
Day Care	8,901 ²	67	17	84
Dental	2,700	1	9	10
Drug Treatment	7,828	6	15	21
Education for Parenthood	10,500	4	12	16
Emergency Financial Aid, Food, Clothing	6,612	5	29	34
Emergency Shelter	28,262	2	5	7
Family Planning Clinics	20,600	4	3	7
Foster Family Care	2,519 ³	2	4	6
Group Homes/Institutions	834	12	3	15
Homemaker Services	1,317 ⁴	1	2	3
Home Management Information and Services	4,381	6	5	11
Hospital Networks	773,041 ⁵	24		24
Housing Location Services			1	1
Institutional Care-Children	2,104	6	1	7

TABLE 2 (continued)

SERVICES	Persons Served	Number of Agencies	No Data On Persons Served	Total Number of Agencies
Job Training/Vocational Education	35,610	24	18	42
Juvenile Probation/Detention	6,247	1		1
Legal Aid	44,071	8	2	10
Medical (General)	1,020	4	14	18
Recreation	4,450	4	23	27
Respite Care			1	1
Social Development	134,676	24	12	36
Visiting Nurse			3	3

(Column totals are not included because unknown duplication across services renders totals meaningless.)

Footnotes

¹ Number of complaints

² Does not include day care in licensed homes or with sitters. DSHS reported a monthly average of 2075 children in licensed homes or with sitters. Unduplicated yearly totals of children so cared for were unavailable.

³ 2413 were served by DSHS

⁴ DSHS; includes only homemaker services to families with children

⁵ Inpatient services: 172,247. Outpatient services: 755,794. Reported as number of visits rather than persons served.

TABLE 3
Service Fee Schedules
King County, Washington

SERVICES	No Fee	Sliding Scale	Flat Fee	No Data	Total
Adoption Services	6	2			8
Advocacy	12	3		1	16
Alcohol Treatment	10	13	9		32
Community Health Clinics	1	3		1	5
Consumer Information/Protection	3				3
Counseling	46	37	20	2	105
Crisis Intervention Helpline	9	7			16
Day Care	11	24	50		85
Dental	4	3	3		10
Drug Treatment	9	10	3		22
Education for Parenthood	5	5	4	2	16
Emergency Financial Aid, Food, Clothing	30	2	2		34
Emergency Shelter	7				7
Family Planning Clinics	1	2	4		7
Foster Family Care	4	2			6
Group Homes/Institutions	4	4	7		15
Homemaker Services		2	1		3
Home Management Information and Services	10		1		11
Hospital Networks	5	3	16		24
Housing Location Services	1				1
Institutional Care-Children	1	5	1		7

TABLE 3 (continued)

SERVICES	No Fee	Sliding Scale	Flat Fee	No Data	Total
Job Training/Vocational Education	30	4	8		42
Juvenile Probation/Detention	1				1
Legal Aid	9	1			10
Medical (General)	11	4	3		18
Recreation	8	14	5		27
Respite Care	1				1
Social Development	11	12	13		36
Visiting Nurse	11	1	2		14

(Column totals are not included because unknown duplication across services renders totals meaningless.)

TABLE 4
Number of Persons Served and Agencies Providing Emergency Services
King County, Washington

SERVICES	Persons Served	Number of Agencies	No Data on Persons Served	Total Number of Agencies
Adoption Services			1	1
Advocacy			3	3
Alcohol Treatment			1	1
Community Health Clinics				
Consumer Information/Protection				
Counseling	792	2		2
Crisis Intervention Helpline	85,322	7	9	16
Day Care			1	1
Dental			1	1
Drug Treatment			1	1
Education for Parenthood			1	1
Emergency Financial Aid, Food, Clothing	6,612	5	17	22
Emergency Shelter	28,262	2	5	7
Family Planning Clinics				
Foster Family Care			1	1
Group Homes/Institutions			1	1
Homemaker Services				
Home Management Information and Services				
Hospital Networks	304,936 ¹	24		24
Housing Location Services				
Institutional Care-Children				

TABLE 4 (continued)

SERVICES	Persons Served	Number of Agencies	No Data On Persons Served	Total Number of Agencies
Job Training/Vocational Education				
Juvenile Probation/Detention			1	1
Legal Aid	724	1	1	2
Medical (General)			4	4
Recreation				
Respite Care				
Social Development				
Visiting Nurse				

(Column totals are not included because unknown duplication across services renders totals meaningless.)

Footnote

¹Emergency services only

In addition to the agency services listed, private practitioners providing social, health and legal services included the following approximate numbers:

Attorneys	3,000
Dentists	700
Physicians	3,000
Psychiatrists	100
Psychologists	60
Social Workers	80

The figures reported in Table 3 provide no indication of the adequacy of existing services in meeting the needs of the residents of King County. However, some general observations can be made. All of the services recommended in the Standards, as represented by the service categories, are available in the county. Some of the services appear to be minimally available, however; among these are community child health clinics, visiting nurse and home health aid services, housing relocation services, respite care, and parent aides. Other services appear to be particularly well represented; these include alcohol treatment, counseling of all types, job training and vocational education, all of which are intensive services. Publicizing of resources for families and children occurs primarily through media advertising and through information and referral services. One difficulty in a service network of the size and complexity of that existing in King County is in publicizing new services. Currently, individual agencies must perform this function.

Table 3 provides information on fee schedules, by service. Specifically, the table reports the number of agencies providing services on a no fee, sliding scale or flat fee basis.

Of the 585 agency services indicated in the table, 72% of the agencies provide services either without fees (44%) or on a sliding scale basis (28%). This suggests that most services are potentially available to children and families of all income levels. For day care and hospital services, however, the majority of agencies charge flat fees.

Emergency services indicated by the Standards - alcohol and drug treatment; crisis help line; day care; financial aid, food and clothing; shelters and foster care - are all available without fees. Homemaker services are available on a sliding scale basis.

Table 4 summarizes emergency services available in the county. Agencies reported in this table include those reported in previous tables. Emergency services for abused or neglected children and their families are available in King County, but not over abundantly. Only 89 of the 585 services listed are available on an emergency basis. Of the emergency services specified in the Standards, all but homemaker services are provided in emergency situations.

Since the data were collected, however, the two new emergency services - Parents Anonymous and a crisis nursery - have been developed. Parents Anonymous has five chapters in King County. A crisis nursery, developed under the auspices of a large day care center, was available beginning in June, 1977.

STABILITY AND PLANS

SECTIONS I A-B, VI A AND VII A OF THE STANDARDS

King County

Respondents to the planning survey pertaining to Sections I A-B, VI A and VII A dealing with community social and health services, included representatives of several health and welfare agencies in the county. They are reported for each service discussed below.

Currently, there are plans in King County for the following services: emergency child home caretaker, public awareness of community resources, paraprofessional parent aide service, emergency/crisis day care and respite care for abused or neglected children; emergency shelter for adolescents and for battered women and their children; education for parenthood; case follow-up; public housing, joint hospital planning and operation, visiting nurse and home health aides, and physicians and pediatricians.

The DSHS Child Welfare Service Specialist reported plans for child home caretaker services and public awareness of community resources. Both of these service areas have received an increase in budget. The region may soon acquire a paraprofessional parent aide service, if it is found to be successful in other regions.

The United Way of King County reported plans to provide emergency crisis day care and respite care for abused and neglected children, a

program sponsored jointly by Seattle Day Nursery (a United Way member agency), DSHS and LEAA. Emergency shelter for battered women and their children, and emergency shelter for adolescents are major United Way objectives for 1978; member agencies are developing services in both areas. Member agencies have included plans to provide education for parenthood and parent effectiveness training in their service plans for 1978. Two member agencies are currently involved in separate case follow-up projects. All of these objectives are reflected in the United Way Planning Report for 1978. The only obstacles to implementation will be acquiring the necessary funding. It is expected that all of the proposed services will be implemented, however, as they are priority objectives for the coming year.

The King County Housing Authority reported that federal monies have been sought to improve the current housing shortage problem. Funds have been sought to upgrade older houses and to construct new homes. The major goal is to increase the number of housing units available to low-income families. Acquiring the necessary funding was seen as the problem to be overcome.

The King County Health Planning Council/Health Systems Agency reported plans in three areas. The first concerns provision of hospital services. Specifically, the objective is to develop joint planning and mergers of hospitals within the four planning areas of the county, to develop integrated operating units based on single long-range plans. The purpose is to reduce the cost of hospital service to consumers. This objective is reflected in the Hospital Development Guide for Central Puget Sound (1975). A problem which must be dealt with is the tradition of autonomy among hospitals.

The second objective of the Council is to improve access to and distribution of physicians and pediatricians, as reflected in the King County Primary Care Development Guide (1975). One issue which must be dealt with in this regard is the professional autonomy of private physicians in selecting areas and types of practice.

The third objective concerns visiting nurse and home health aide services. The Council has appointed and staffed a committee to develop recommendations and guidelines for evaluation and review of long-term institutional and home health care.

The Washington State Coordinator for Parents Anonymous indicated that there are currently five chapters in King County. While there are no specific plans to develop additional chapters, these services will expand as rapidly as demand and opportunity allow.

According to the respondents interviewed, there are no apparent plans for changes in services in the following areas: alcohol treatment (King County Division of Alcohol Services), drug treatment (King County Drug Commission), family planning (King County Health Department), infant care and child development course services (Washington State Community College Board, American Red Cross), paraprofessional parent aides (DSHS, United Way), 24-hour help lines on parenting (DSHS, United Way), nutritional information (Washington State Superintendent of Public Instruction, (United Way), emergency homemakers (DSHS, United Way), emergency foster care (DSHS, United Way), emergency neighborhood centers (United Way), home management education (Washington State Superintendent of Public Instruction), job training and vocational education (Washington State Community College Board), legal services (Evergreen Legal Services), consumer information services (Washington State Office of the Attorney General), recreation (King County Park Department). Most services are already being provided at a minimal level; some were judged by respondents as adequate for existing needs. For several services, the major reason for an absence of new program goals was the perceived lack of necessary resources, primarily funding and staffing.

CONSISTENCY

SECTIONS I A-B, VI A AND VII A OF THE STANDARDS

Yakima County

Description of the County and Child Protective Service Unit

Yakima County is primarily an agricultural area. It contains 4,268 square miles and has a population density of 33.97 persons per square mile. According to the 1970 census, the population of the county is 144,971 with 45,588 residing in Yakima, the largest town in the county. The median annual income level for this population is \$8,062 per family, and the median number of school years completed for persons 25 and older

is 11.6 for males and 12.1 for females. For a description of the age and sex distributions for Yakima County see Table 5 below.

Table 5

Age and Sex Distribution
Yakima County, Washington

Age	Sex		Total
	Female	Male	
0-4 years	5,977	6,141	12,118
5-9 years	7,241	7,353	14,594
10-19 years	15,161	15,405	30,566
20-39 years	16,855	15,343	32,198
40-59 years	16,688	15,768	32,456

Yakima County contains the Yakima Indian Reservation, an area of 1,118,638 acres. About 9,800 Indians live on or near the reservation. Yakima County also has a large number of migrant farm laborers.

Yakima County contains three Child Protective Service Units. The largest one and the first to be established is located in the city of Yakima. Our investigation was confined to only this CPS unit. We were assured by people within the regional office and supervisors in the outlying offices that procedures for investigation, administration, and treatment of CPS cases were the same in all three offices. The homogeneity of procedure may in part be accounted for by the fact that many of the supervisors and workers in the two outlying CPS offices first worked in the CPS office in Yakima and transferred when the other two offices were opened. The Yakima CPS unit has a staff of seven CPS caseworkers and in 1976 a total of 377 child abuse and neglect cases were seen.

Service Data

In Yakima County there had never been an inventory of services that included the number of people served by social, health and other services.

United Way of Yakima County was planning a service inventory to be used for planning purposes and consented to have us join them in a survey of the service network of Yakima County. The data was obtained by contacting each agency individually by mail with United Way volunteers following up on the agencies that did not respond. A list of agencies was obtained from the Yakima County Community Services Program Administration Board's Community Services Directory.

Services Summaries

The service data are presented in three tables. Table 6 contains the number of persons served by each type of direct service, and the number of agencies providing each service. Table 7 indicates how many agencies offer each service by fee schedule. Table 8 contains the number of persons served by crisis services, and the number of agencies offering each type of crisis service. All data reported indicate individuals served during the 1976 calendar year.

Table 6 includes the number of persons served by type of service, number of agencies offering services in each category and the number of agencies for which data could not obtain. The data appear to be complete with a few exceptions: under adoption services, we could not obtain data about the number of persons served by one agency whose headquarters is out of the county and who specializes in placing only Asian children; we could obtain no information about the number of people served by Alcoholics Anonymous; no data were available from two agencies offering community health clinics for migrant workers; and day care presented an impossible problem as there were twelve private day care centers for which we could obtain no data.

There are six types of services that appear to be totally absent in the county. They are advocacy, home management information and services, respite care, visiting nurse, home health aides, and institutional care for children.

In addition to the services listed in Table 6, there are the following number of persons in private practice in Yakima County.

TABLE 6
Number of Persons Served and Agencies Providing Services
Yakima County, Washington

SERVICES	Persons Served	Number of Agencies	No Data on Persons Served	Total Number of Agencies
Adoption Services	276	4	1	5
Advocacy				
Alcohol Treatment	6,004	3	1	4
Community Health Clinics	4,400	1	2	3
Consumer Information/Protection	896	1		1
Counseling	3,708	5		5
Crisis Intervention Helpline	4,951	1		1
Day Care	585 ¹	3	12	15
Dental	2,803	2		2
Drug Treatment	312	1		1
Education for Parenthood	12,838	2		2
Emergency Financial Aid, Food, Clothing	105	5	2	7
Emergency Shelter	405	1		1
Family Planning Clinics	10,418	1		1
Foster Family Care	705	6		6
Group Homes/Institutions	105	3		3
Homemaker Services	1,164	1		1
Home Management Information and Services				
Hospital Networks	144,452 ²	6		6
Housing Location Services	40	1		1
Institutional Care-Children				

TABLE 6 (continued)

SERVICES	Persons Served	Number of Agencies	No Data On Persons Served	Total Number of Agencies
Job Training/Vocational Education	18,219	3		3
Juvenile Probation/Detention	475	2	1	3
Legal Aid	2,200	1		1
Medical (General)	1,352	2		2
Recreation	19,730	1		1
Respite Care				
Social Development	44,194	13		13
Visiting Nurse				

(Column totals are not included because unknown duplication across services renders totals meaningless.)

Footnotes

¹This figure only includes day care which is publicly funded and day care at the Young Women's Christian Association.

²This figure is reported as the number of hospital visits rather than number of persons served. It can be broken down into inpatient visits: 24,360 and outpatient visits: 60,702.

TABLE 7
Service Fee Schedules
Yakima County, Washington

SERVICES	No Fee	Sliding Scale	Flat Fee	No Data	Total
Adoption Services		5			5
Advocacy					
Alcohol Treatment	2		2		4
Community Health Clinics	2	1			3
Consumer Information/Protection				1	1
Counseling	3	2			5
Crisis Intervention Helpline	1				1
Day Care	3			12	15
Dental	1			1	2
Drug Treatment	1				1
Education for Parenthood	2				2
Emergency Financial Aid, Food, Clothing	7				7
Emergency Shelter	1				1
Family Planning Clinics		1			1
Foster Family Care		4	2		6
Group Homes/Institutions		2	1		3
Homemaker Services		1			1
Home Management Information and Services					
Hospital Networks			6		6
Housing Location Services	1				1
Institutional Care-Children					

TABLE 7 (continued)

SERVICES	No Fee	Sliding Scale	Flat Fee	No Data	Total
Job Training/Vocational Education	2		1		3
Juvenile Probation/Detention	1	1			2
Legal Aid	1				1
Medical (General)	2				2
Recreation					
Respite Care					
Social Development	5	1	7		13
Visiting Nurse					

(Column totals are not included because unknown duplication across services renders totals meaningless.)

TABLE 8

Number of Persons Served and Agencies Providing Emergency Services

Yakima County, Washington

SERVICES	Persons Served	Number of Agencies	No Data on Persons Served	Total Number of Agencies
Adoption Services				
Advocacy				
Alcohol Treatment				
Community Health Clinics				
Consumer Information/Protection				
Counseling	329	1		1
Crisis Intervention Helpline	4,951	1		1
Day Care				
Dental	60	1		1
Drug Treatment				
Education for Parenthood				
Emergency Financial Aid, Food, Clothing	105	5	2	7
Emergency Shelter	405	1		1
Family Planning Clinics	3,622	1		1
Foster Family Care	50	1		1
Group Homes/Institutions	5	1		1
Homemaker Services				
Home Management Information and Services				
Hospital Networks	65,062 ¹	6		6
Housing Location Services				
Institutional Care-Children				

TABLE 8 (continued)

SERVICES	Persons Served	Number of Agencies	No Data On Persons Served	Total Number of Agencies
Job Training/Vocational Education				
Juvenile Probation/Detention	264	1		1
Legal Aid				
Medical (General)				
Recreation				
Respite Care				
Social Development				
Visiting Nurse				

(Column totals are not included because unknown duplication across services renders totals meaningless.)

Footnote

¹This figure is the number of emergency hospital visits and not an unduplicated count. It can be broken down further to inpatient visits: 6805 and outpatient visits: 72,585.

Attorneys	174
Physicians	160
Dentists	79
Psychiatrists	5
Psychologists	1

Table 7 includes the number of agencies offering services which charge no fee, a flat fee or a sliding fee by type of service. It also includes the number of agencies for which that information was not available.

Table 8 consists of the number of persons served by crisis or emergency services, the number of agencies offering those services, the number of agencies for which we could not obtain data and the total number of agencies.

STABILITY AND PLANS
SECTIONS I, VI A AND VII A OF THE STANDARDS
Yakima County

Respondents to the planning survey pertaining to Sections I A-B, VI A and VII A dealing with community social and health services, included representatives from several health and welfare agencies in the county. They are reported for each service discussed below.

Currently, there are plans in Yakima County for emergency shelters for adolescents, paraprofessional parent aides, developing public awareness of community resources, advocate services, new housing units, emergency shelter for women and children, self-help groups, medical and abortion services, visiting nurse and home health aide services.

The Child Welfare Services Supervisor for DSHS reported plans in three areas: emergency shelters for adolescents, paraprofessional parent aides and public awareness of community resources.

Plans for providing emergency shelters for adolescents include the possibility of establishing a home for runaway teenagers. There are no documents which reflect this objective, nor are there any reported problems associated with implementing the plan.

To increase the provision of resources in the community to help families meet their needs for paraprofessional parent aides, there are plans to expand the Home Base Preschool program, which uses paraprofessionals to teach parenting skills and human relations, to include

older children. These plans are outlined in Head Start and Home Base documents. To achieve this goal, there may be a problem convincing educators of the need.

To create public awareness of community resources available for helping families with service needs, DSHS plans to place video machines with descriptions of services available in public places. There are no planning documents which reflect this objective. Problems that need to be dealt with are scarcity of staff and funding.

United Way reported plans to create a new social service directory in relation to the same objective. The plans are not reflected in any planning documents. Problems that need to be overcome are the lack of financial resources, lack of available staff time and learning how to involve the media.

The Washington State Coordinator of Parents Anonymous indicated plans to establish a chapter of the organization in Yakima. The important problems in developing the self-help group are availability of sponsors and enough interest on the part of potential participants to attend meetings. There is also a problem of confidentiality of participation in a less populated area such as Yakima County.

Plans for development of an emergency advocate service to assist people in crisis situations in obtaining financial aid, food and clothing were reported by the American Red Cross.

The Housing Resource Center reported plans to build 60 units of housing, although this is not reported in planning documents. The major problem that must be dealt with is gaining the approval of the Department of Housing and Urban Development. There are also plans to begin default delinquency counseling. Again, no documents reflect this plan. For the latter, there are no anticipated problems.

United Way and the YWCA reported plans to provide emergency family shelter services for battered women and their children. Self-help group services for battered women, support groups for mothers and assertiveness training groups are to begin in the fall of 1977. The plans are documented; no problems in implementation are anticipated.

United Way also reported plans for advocate services for the handicapped. The major problem to be dealt with is the lack of financial resources. There may also be a problem of an advocacy program gaining acceptance in the community.

Planned Parenthood is tentatively proposing the addition of medical and abortion services. Presently there are no planning documents which reflect this objective. The major anticipated problem will be gaining a favorable reaction from the community and educating their board about the importance of the proposed services. The agency also has plans to offer education for parenthood classes in the fall of 1977, but these plans are not documented. An anticipated problem is finding the necessary funds to staff the program.

The Central Washington Health Systems Agency reported plans for provision of resources for visiting nurse and home health aid service. A hospital in the community is in the initial stages of planning to provide home health services. As yet there are no documents which address the plan, nor are there any anticipated problems.

HSA also reported planning for hospital services. One hospital intends to expand existing services by 85%. Another hospital plans to begin a special service in heart by-pass operations. There are no planning documents which reflect these goals. The major problem that must be dealt with is for the hospitals to show that they are planning jointly with the other hospitals in the community and to prove to HSA that the proposed services are both needed and financially feasible.

The County Parks and Recreation Department indicated a current objective to expand existing services. There are no planning documents which reflect this objective, nor are there any anticipated problems.

According to the sources interviewed, there are no apparent plans for any of the following services: alcohol treatment (County Commission on Alcoholism), drug treatment (County Drug Commission, United Way), emergency child home caretaker or emergency homemaker (DSHS, United Way), emergency or crisis day care (DSHS, Mental Health), emergency foster care (DSHS, Children's Home Society), emergency financial aid, food and clothing (DSHS), respite child care or parent "day-out" day care services (Children's Home Society, United Way), a 24-hour telephone help line (United Way), child development program, or infant care information and course services (Washington State Community College Board, American Red Cross), case follow-up by community crisis or emergency service agencies (Mental Health), counseling services (Mental Health), nutritional information (Agricultural Extension Service,

Washington State Superintendent of Public Instruction), physician services, dental services, or community child health care clinics (HSA), home management education (Washington State Superintendent of Public Instruction), job training and vocational education services (Washington State Community College Board), legal services (Evergreen Legal Services), consumer information services (Washington State Office of the Attorney General).

CONSISTENCY

SECTIONS I A-B, VI A AND VII A OF THE STANDARDS

Grant County

Description of County and Child Protective Service Unit

Grant County is located in the center of Washington State and contains 2,675 square miles. It is the least populous county included in our study of Washington, with only 15.66 people per square mile. Grant County is primarily an agricultural area.

The total population of the county according to the 1970 census was 41,881 with the largest town, Moses Lake, having a population of 10,310. Within this county, the median yearly income of families is \$8,486, and the median number of school years completed for persons 25 and older is 12.2 for males, and 12.3 for females. Age and sex distributions are presented in Table 9 below.

Table 9

Age	Sex		Total
	Female	Male	
0-4 years	1,852	1,842	3,694
5-9 years	2,302	2,426	4,728
10-19 years	4,698	5,200	9,898
20-39 years	4,925	4,507	9,432
40-59 years	4,793	4,607	9,400

Because Grant County is so sparsely populated, the Child Protective Service worker in Grant County also serves Adams County, which is directly to the east. The Child Protective Service worker is located in Grant County at the county seat. The service consists of one CPS caseworker who during 1976 received 229 complaints of child abuse and neglect.

Social Service Summary

The social service data for Grant County was gathered by contacting each service agency. A list of service agencies was obtained from the Department of Human Resources' Human Resources Directory. Information was also obtained from Grant County Community Action Council, Central Washington Health Systems Agency, United Way of Ephrata, and Grant County DSHS.

Social Service Tables

The service data is laid out in three tables. Table 10 addresses the number of persons served by each type of service. Table 11 includes the number of agencies offering each type of service by fee schedule (i.e. no fee, sliding scale, or flat fee). Table 12 contains the number of persons receiving emergency or crisis services by service type. All data reported indicate individuals served during the 1976 calendar year.

Table 10 includes the number of persons receiving direct services by service category, the number of agencies for which we have data, the number of agencies for which we have no data, and the total number of agencies which provide each service. There appears to be quite a few gaps in the service network in Grant County. The gaps are probably a function of the sparse population, and it was reported by staff members of both DSHS and the Juvenile Court, that often it is necessary to send clients out of the county for certain types of services.

The services which are absent in Grant County are advocacy services, consumer information, crisis intervention (a crises line was implemented July 1977), dental clinics, emergency shelter, institutional care for children, respite care and visiting nurse/home health aides.

TABLE 10
Number of Persons Served and Agencies Providing Services
Grant County, Washington

SERVICES	Persons Served	Number of Agencies	No Data on Persons Served	Total Number of Agencies
Adoption Services	7	2		2
Advocacy				
Alcohol Treatment	313	1	1	2
Community Health Clinics	445	1		1
Consumer Information/Protection				
Counseling	793	3		3
Crisis Intervention Helpline				
Day Care	994 ¹	4		4
Dental				
Drug Treatment	52	1		1
Education for Parenthood			1	1
Emergency Financial Aid, Food, Clothing	703	1		1
Emergency Shelter				
Family Planning Clinics	384	1		1
Foster Family Care	73	2		2
Group Homes/Institutions	37	1		1
Homemaker Services	48	1		1
Home Management Information and Services	120	1		1
Hospital Networks	49,855 ²	5		5
Housing Location Services	219	1		1
Institutional Care-Children				

TABLE 10 (continued)

SERVICES	Persons Served	Number of Agencies	No Data On Persons Served	Total Number of Agencies
Job Training/Vocational Education	5,307	5		5
Juvenile Probation/Detention	1,255	1		1
Legal Aid	624	1		1
Medical (General)	1,555	2		2
Recreation				
Respite Care				
Social Development	2,400	4		4
Visiting Nurse				

(Column totals are not included because unknown duplication across services renders totals meaningless.)

Footnotes

¹This figure includes only those people receiving day care that is publicly funded. Privately funded day care figures were not available. There are, however, a total of 76 private homes in Grant County which are licensed to provide day care for a total of 305 children.

²Hospital inpatient and outpatient services are combined in this figure. The following is a more detailed breakdown: inpatient services: 6960, outpatient services: 42,895.

TABLE 11
Service Fee Schedules
Grant County, Washington

SERVICES	No Fee	Sliding Scale	Flat Fee	No Data	Total
Adoption Services		1	1		2
Advocacy					
Alcohol Treatment	2				2
Community Health Clinics	1				1
Consumer Information/Protection					
Counseling	1	1	1		3
Crisis Intervention Helpline					
Day Care	5		76		81
Dental					
Drug Treatment		1			1
Education for Parenthood				1	1
Emergency Financial Aid, Food, Clothing	1				1
Emergency Shelter					
Family Planning Clinics		1			1
Foster Family Care		2			2
Group Homes/Institutions	1				1
Homemaker Services	1				1
Home Management Information and Services	1				1
Hospital Networks			5		5
Housing Location Services	1				1
Institutional Care-Children					

TABLE 11 (continued)

SERVICES	No Fee	Sliding Scale	Flat Fee	No Data	Total
Job Training/Vocational Education	3	1	1		5
Juvenile Probation/Detention	1				1
Legal Aid	1				1
Medical (General)		2			2
Recreation					
Respite Care					
Social Development	1		3		4
Visiting Nurse					

(Column totals are not included because unknown duplication across services renders totals meaningless.)

TABLE 12

Number of Persons Served and Agencies Providing Emergency Services
Grant County, Washington

SERVICES	Persons Served	Number of Agencies	No Data on Persons Served	Total Number of Agencies
Adoption Services				
Advocacy				
Alcohol Treatment	75	2		2
Community Health Clinics				
Consumer Information/Protection				
Counseling	58	1		1
Crisis Intervention Helpline				
Day Care				
Dental				
Drug Treatment				
Education for Parenthood				
Emergency Financial Aid, Food, Clothing	703	1		1
Emergency Shelter				
Family Planning Clinics				
Foster Family Care				
Group Homes/Institutions				
Homemaker Services				
Home Management Information and Services				
Hospital Networks	17,973 ¹	5		5
Housing Location Services				
Institutional Care-Children				

TABLE 12 (continued)

SERVICES	Persons Served	Number of Agencies	No Data On Persons Served	Total Number of Agencies
Job Training/Vocational Education				
Juvenile Probation/Detention				
Legal Aid				
Medical (General)				
Recreation				
Respite Care				
Social Development				
Visiting Nurse				

(Column totals are not included because unknown duplication across services renders totals meaningless.)

Footnote

¹Hospital inpatient and outpatient services are combined in this figure. The following is a more detailed breakdown: inpatient services: 2076, outpatient services: 15,897.

In addition to the services listed in the table there are the following number of people in private practice:

Attorneys	43
Physicians	24
Dentists	15

Table 11 includes the number of agencies in Grant County by service category and fee schedule; the number of agencies for which we do not have data, and the total number of agencies by service category.

Table 12 contains the number of persons served by emergency or crisis services by service category, the number of agencies for which we have data, the number of agencies for which we do not have data, and the total number of agencies by service category. The most obvious omissions from the crisis service network are a crisis intervention hotline (which was implemented in July 1977), crisis day care, emergency shelter, emergency foster care and emergency homemaker services.

STABILITY AND PLANS

SECTIONS I, VI A AND VII A OF THE STANDARDS

Grant County

Respondents to the planning survey pertaining to Sections I A-B, VI A, and VII A dealing with community social and health services, included representatives from several health and welfare agencies in the county. They are reported for each service discussed below.

Currently, there are plans in Grant County for emergency homemaker services, emergency adolescent shelters, expanded emergency financial aid, food and clothing services, day care, mental health and health services.

The DSHS Local Administrator reported a plan to make homemaker services available on an emergency basis by increasing the homemaker staff. The DSHS Manual G reflects the plan. The anticipated problems will be to overcome budgeting problems and to document the need for the service.

The Grant County Juvenile Court plans to begin providing emergency shelter for adolescents and has signed a contract with DSHS outlining

the attendant responsibilities. A problem that will need to be dealt with successfully is the lack of other resources in the community for treating child abuse.

The Council of Churches indicated a plan to expand the existing services for providing emergency financial aid, food and clothing. There are no documents which reflect this goal. According to the respondent a problem which must be dealt with is that the Council of Churches needs to become a better communicator of the problems existing in the community, and to interpret social programs to the community.

According to the Director of the Grant County Community Action Council, there are plans to expand the Ephrata/Soap Lake Head Start Programs. The plan is documented. The major problem will be obtaining the necessary funding from HEW.

The Mental-Health and Family Service Center plans in Grant County include three areas: a crisis clinic, case follow-up and extended counseling services. A new Crisis Clinic was scheduled to open in July 1977. One of the services offered will be a 24-hour emergency phone line which may be used for seeking advice on parenting, but will not be limited to parenting related problems. According to the Director, the problems that need to be dealt with successfully in order to implement the program are: 1) overcoming the suspicion of other agencies in the community, 2) recruiting a sufficient number of volunteers, 3) raising the necessary financial support, and 4) maintaining confidentiality. At the time the crisis services are implemented, mental health will also begin case follow-up to monitor future needs. There are no anticipated problems in relation to this objective. To extend the counseling services offered, the agency plans to hire a therapist to work with the developmentally disabled. The only problem that must be dealt with successfully relative to this objective is a lack of resources. All of these objectives are reflected in the 1977 Yearly Mental Health Plan.

The Central Washington Health Systems Agency reported plans of one hospital to recruit physicians to the area. There are no planning documents reflecting this objective. The main obstacle is the attitude of physicians already in the community who have been opposed to other physicians coming into the area.

The other plan of the HSA concerns visiting nurse and home health aid services. The Area Agency on Aging has plans to begin new home health aid services as an alternative to nursing home care for the aged. This plan is reflected in a grant proposed by the Area Agency on Aging. The major anticipated problem will be to create an awareness of the services available and to gain cooperation from the medical community so that referrals will be forthcoming.

The Washington State Coordinator of Parents Anonymous indicated plans to establish a chapter of the organization in Moses Lake, Grant County. The important issues in developing such a self-help group are availability of sponsors and enough interest on the part of potential participants to attend meetings. There is a problem of confidentiality of participation in a less populated area such as Grant County.

The Chamber of Commerce has in the past conducted public awareness campaigns for creating awareness of community resources. There are no new plans for such campaigns.

At the state level, the DSHS Chief of Family and Adult Services indicated planning goals reflecting an increased effort to develop an array of community based facilities for children.

According to sources interviewed, there were no apparent plans for changes regarding any of the following services: alcohol treatment (Alcohol Information and Referral), emergency foster care or crisis day care services (Catholic Family and Child Service), emergency family shelters (American Red Cross, Salvation Army), education for parenthood and parent effectiveness training (Big Bend Community College, Washington State Community College Board), child development program services, infant care information and courses, paraprofessional parent aides (Washington State Community College Board, American Red Cross), family planning information and clinic services (Health Department), housing and relocation information and assistance (Grant County Housing Authority), nutritional information services (Agricultural Extension Service, Washington State Superintendent of Public Instruction), home management education (Washington State Superintendent of Public Instruction), legal services (Evergreen Legal Services), job training and vocational education services (Washington State Community College Board),

consumer information services (Washington State Office of the Attorney General), or recreation services (Ephrata Recreation Council).

CONSISTENCY
SECTION II OF THE STANDARDS
State of Washington

The Standards on reporting child abuse and neglect are presented in 40 individual guidelines contained within three subsections. These guidelines deal with (A) the definition of child abuse and neglect; (B) reporting requirements; and (C) reporting procedures.

In every case either the state legal codes or the Washington Administrative Code was used to document Washington State's consistency or inconsistency with these guidelines.

The data reveal that Washington State is to some extent at variance with about one-fourth of the guidelines in this Section. Most of the differences are basically technical inconsistencies. For example, although the law provides immunity to anyone who takes photographs or places a child in protective custody or participates in court proceedings, no specific mention is made of granting immunity if x-rays are made (II A b 8). Likewise, no specific mention is made of mandated reporters being required to cause a radiological examination of a child suspected to have been abused (II A g 7, II A b 12). Although there is no provision for a 24-hour hotline (II C g 2), the law does encourage immediate verbal reporting. The law requires written reports of abuse of neglect cases to contain specific information but not necessarily the same information as is proposed in the guidelines II C 8 g, 1-8.

In each of the above cases the state laws appear to approach the intent of the guidelines and thus can be considered as more rather than less consistent. Reviewing the data as such, Washington State may be seen as consistent with almost all of the guidelines.

The two guidelines for which the state is clearly inconsistent deal with required written reports (II C g 4) and the notion of "threatened" harm (II B e). The Standards are explicit in emphasizing that "threatened" harm or "risk of harm" to the child's physical and mental health or welfare should be recognized in the legal definition of child abuse and neglect. Nowhere in the legal codes of Washington, however, are there provisions for this notion of threatened harm. Written reports must follow oral reports in Washington only upon request and are not, as proposed in the guidelines, obligatory within 48 hours.

Washington State laws are consistent with recommendations regarding reporting procedures and, with two exceptions, conform to the guidelines on reporting requirements and defining child abuse and neglect.

STABILITY AND PLANS
SECTION II OF THE STANDARDS
State of Washington

The source of information for the planning survey dealing with Section II was the State Child Protective Services Specialist. This section concerned plans to develop or make changes in state statutes defining child abuse and neglect, who reports them, what protection they have, and procedures for reporting. There are no plans to make changes which would affect state statutes. There is a possibility that changes in the Washington State code affecting juvenile courts (RCW 74-13) might have some implications for CPS, but this is not clear at the present time. Overall, the state's level of consistency with respect to state statutes is very stable.

CONSISTENCY
SECTION III OF THE STANDARDS
State of Washington

The Standards on state responsibilities are presented in nine subsections: responsibilities for (A) child abuse and neglect programs and a coordinating committee; (B) organizational arrangements for receiving, investigating and transmitting reports of child abuse and neglect; (C) state-wide designation of agencies to investigate reports and coordinate treatment; (D) a uniform approach to collecting and maintaining information on child abuse and neglect; (E) a central registry system; (F) protecting the confidentiality of gathered information; (G) disseminating educational and training programs to improve identification and reporting; (H) research, demonstrations and evaluation; and (I) a statewide citizen's committee on child abuse and neglect.

The nine subsections were documented through written records (legal codes and DSHS procedural manuals) and the State Child Protective Service Specialist. There are 132 specific guidelines contained in these nine subsections.

In general, the State of Washington shows a high degree of consistency with the guidelines proposed in Section III. The findings show a lack of consistency for a good number of the individual guidelines, but most of these are basically technical inconsistencies. That is, the state does appear to approach the intent of most of the guidelines. For example, the state agency has a distinct unit responsible for child abuse and neglect (III B a) but it is not solely responsible for child abuse and neglect. The state determines all reports that must be made by the local agencies (III D b 1-6), but there is no provision for a preliminary report of investigation (III D b 2), and advisement concerning investigatory reports are required within 90 days rather than 60 (III D b 3). The state requires substantiated cases to be entered in the central registry within 5 days and not within 24 hours (III E d), however, a "pending card" is filed upon notification. Certain items of information (race, incident location, family composition, reporter, type of reporter, date/time report received, agency assigned) are not contained in the central registry (III E h 1). Emergency action/services are not

added upon receipt of a preliminary report (III E h 3). Information that is added upon receipt of a final investigation report does not include family status, economic status, marital status, or names of siblings (III E h 4). Washington does not specify the types of reports to be made by the central registry system (III E j 1-3). Reports on closed cases are expunged after six years rather than five years (III E m 2). Washington is consistent with the persons designated to have access to the central registry (III F b 1-10) except any person whose name appears on the registry has access to their own records. The state serves as a clearinghouse on services related to identification and treatment but not prevention (III A a 1). Washington disseminates information on a regular and planned basis but it does not utilize all media (III G a). The type of information that is disseminated is consistent with the guidelines, except the extent of child abuse and neglect is not conveyed (III G b 1). The state's public relations focuses upon cooperation but not coordination (III G c).

To the extent that the above noted technical inconsistencies are seen as more rather than less consistent with the intent of the guidelines, we can combine these with those judged as consistent. This shows most state provisions as being basically consistent with the guidelines. In other words, the State of Washington may be seen as for the most part highly consistent in terms of its guidelines for state responsibilities. There are, however, a number of areas of clear inconsistency. Guideline III A c calls for a "State Child Abuse and Neglect Coordinating Committee," chaired by the head of the state agency and composed of representatives of other state agencies. Washington has no such committee. Four of these are part of guideline III A. That is, guidelines III A e 1-4 deal with elements that should be included in an annual report to be transmitted to the governor and legislature, but Washington does not prepare an annual report. Two of the guidelines deal with overdue treatment and progress reports from the central registry (III E i 6-7), but Washington does not provide for overdue reports. In addition, there is no provision to evaluate the impact of local public education campaigns, public relations, training and education programs (III G g). The inconsistency for Subsection H, Research, Demonstration, and Evaluation, is primarily due to the fact that the State does not

have a special research unit. For this reason, Washington is inconsistent with guidelines III H a-h. Presently, the State agency does not have the resources (staff and an adequate information system) or the authority to delegate or coordinate the information and evaluation needs of the States' local offices. The state CPS Specialist has one program specialist, a clerk, and a part-time research analyst (whose time is divided among all the child welfare programs) to call upon. The state CPS Specialist noted that when special monies are allocated for research, demonstrations, and evaluation projects, the requirements outlined in the guidelines III H a-h are followed. Finally, each of the guidelines contained in Subsection I are inconsistent mainly because there is no state organized citizens committee. An ad hoc state-wide coalition of mostly professionals does exist, but these guidelines, with the possible exception of guidelines III I d 1-9 dealing with the committee's functions, stress the intention of having such a committee organized by the state.

With respect to the Standards on state responsibilities, Washington appears to have provisions for actively engaging in most of the subareas delimited in the Standards. Sections H on Research and Demonstrations, and I on the statewide citizens committee account for the bulk of inconsistencies; these would be consistently adhered to if resources permitted. Apart from these, the specific guidelines found to be inconsistent reveal an absence of committees and minor "shortcomings" with respect to reporting and evaluating the impact of educational efforts. None of the inconsistent items show a lack of provision for activities relevant to identification, prevention and treatment so far as these relate to the state's responsibilities as put forth in the Standards.

STABILITY AND PLANS
SECTION III OF THE STANDARDS
State of Washington

The source of information for the planning survey for Section III was the State Child Protective Services Specialist. Generally speaking, few changes in state responsibilities for child abuse and neglect programs were indicated.

There are no plans for change with respect to the following areas: (1) the role of the local agency in administering CPS units; (2) state level organizational arrangements for receiving and transmitting investigation reports of child abuse and neglect, the operation of the state's central registry, and protection of the confidentiality of such reports and records; (3) the state Child Abuse and Neglect Coordinating Committee; (4) the development of a state-wide citizens committee on child abuse and neglect. It should be noted that there is an ad hoc group called the State Coalition on Child Abuse and Neglect which is composed of local organizations and individuals who are concerned with advocating for stronger local CPS programs.

Some changes were indicated with respect to several areas. They are: (1) the issue of providing CPS personnel with the power to remove children from their homes is being considered, although there is no specific plan for change; at the present time only police and juvenile court personnel are granted that power; (2) there was a general indication that procedures for investigating institutional abuse are a concern of the department, and changes related to investigating abuse in these settings may be forthcoming; (3) regarding use of the media, education and training programs, there did not seem to be any specific plan for change. However, media and printed materials of various kinds are being disseminated throughout the state by different organizations. The DSHS Public Affairs Office has made available film clips, newspaper ads, and audio tapes for radio which include telephone numbers for reporting abuse and neglect cases. A variety of other printed materials regarding the reporting laws, central registries, and general information on child abuse and neglect are being made available for dissemination at such locations as doctors' offices and through local organizations concerned with creating greater public awareness of the child abuse and neglect problems. A few of these groups include the SCAN Center in Spokane, Parents Anonymous, Friends of the Family in Thurston County, and the Council for the Prevention of Child Abuse and Neglect in King County; (4) the state has no special unit for research, demonstrations and evaluation of child abuse and neglect programs. If the state is able to obtain a grant from the National Center on Child Abuse and Neglect, it is proposing the development and implementation of a state-

wide information system which would result in basic statistical information on cases of child abuse and neglect throughout the state.

As an overall summary, it seems clear that the responses to the planning survey items represented here can be considered quite stable. That is, there seem to be few specific plans under development which would affect the current provisions on state responsibilities for child abuse and neglect programs. This is largely due to the fact that the State of Washington is fairly highly consistent with Section III of the Standards.

CONSISTENCY
SECTION IV OF THE STANDARDS
King County

The Standards on the investigation of reports by local agencies are presented in six subsections: (A) timely investigation of all reports of suspected child abuse or neglect; (B) training of all child protective investigative workers; (C) focusing the initial investigation on the safety of the child and the validity of the report; (D) provisions for a thorough investigation if the initial report indicates child abuse or neglect might exist; (E) advising the parents, guardian or person responsible for the child of the nature of the investigation and their rights; and (F) placing the child in protective custody.

All of the subsections, with the exception of B, were documented by DSHS state manuals, "Region IV Policy/Procedure for CPS," and the King County Central CPS Supervisor. Subsection B was documented by the State CPS Training Curriculum.

There is a fairly high degree of consistency between the guidelines in this section and King County CPS procedures for the investigation of reports of child abuse and neglect. Of all the guidelines addressed in this section only about one-fourth are not consistent. One of these is consistent with the intent of the Standards, but not their technical detail. If a child is placed in protective custody, the person responsible for the child should be given written notice concerning the reason for removal (IV F e 1). In King County the person responsible for the child is always informed as to the reason for removal, but this is done verbally. Because this guideline is consistent in intent we have grouped it with the other guidelines that are consistent.

Other guidelines are inconsistent with both intent and technical detail. A preliminary investigation should be completed within 7 days after a report is filed (IV A e), but in King County there is no time limit. The preliminary investigation continues until it is completed. Procedures should exist to waive the investigation under certain circumstances (IV B d 1-3), but according to state law the investigation may not be waived. Child protective worker training does not include training about detecting investigative discrepancies through multiple

interviews (IV B k 5), nor in using interviews outside the family to confirm the content of family interviews (IV B k 6). The safety of the child should be continually assessed and reviewed with the Inter-Disciplinary Team when appropriate (IV D c). The safety of the child is continually assessed, but is not reviewed with the Inter-Disciplinary Team because there is none. Investigative progress should be reviewed with the Inter-Disciplinary Team (IV D g), and again this is inconsistent because there is no Inter-Disciplinary Team. Legal advice should be given about the fact that evidence concerning home conditions may be given in court (IV E b 2), but this is not specifically pointed out. Written notification should be given regarding the adults' rights regarding the sealing, amendment, or expungement of the report (IV E c 2), but in fact this is not done. Information is given regarding the whereabouts of the report only. When a child is placed in protective custody the adult responsible for the child should be served with written notice (IV F e 1), but generally the adult is informed verbally. The adult should be also informed in writing of the location of the child (IV F e 2), but the local CPS unit considers this to be inappropriate in all cases when the child has been placed in protective custody; therefore, it is not done.

The few inconsistencies that are apparent in this section arise from discrepancies in time limits for investigations, the absence of an Inter-Disciplinary Team and differences concerning legal advice given to the adult and disclosure of the location where a child is placed in protective custody.

STABILITY AND PLANS
SECTION IV OF THE STANDARDS
King County

The sources of information for the planning survey dealing with Section IV were the King County Central CPS Supervisor, and the State CPS Specialist. In general, there were no plans to change current procedures for the investigation of reports by the King County agency. However, a requested 10% increase in staffing was expected to increase the capacity for and timing of investigations. There were no new plans related to training of child protective workers, since a variety of new

training materials are being disseminated to all of the Washington State regional offices for their units. There were no plans to correct the inconsistencies noted. The current procedures for investigation of reports can be considered quite stable, due largely to the high degree of consistency between Section IV of the Standards and the provisions of the King County CPS Unit.

CONSISTENCY
SECTION IV OF THE STANDARDS
Yakima County

The Standards on the investigation of reports by local agencies are presented in six subsections: (A) timely investigation of all reports of suspected child abuse or neglect; (B) training of all child protective investigative workers; (C) focusing the initial investigation on the safety of the child and the validity of the report; (D) provision for a thorough investigation if the initial report indicates child abuse or neglect might exist; (E) advising the parents, guardian or person responsible for the child of the nature of the investigation and their rights; and (F) placing the child in protective custody.

Five (A, C, D, E, and F) of the six subsections were documented by DSHS state manuals, "Yakima County CPS Program Matrix," and the Yakima CPS Supervisor. The remaining subsection (B) was documented by the State CPS Training Curriculum.

There is a high degree of consistency between Yakima DSHS procedures for the investigation of reports of child abuse or neglect and the Standards. Out of all guidelines less than one-fourth were not consistent. One of these is inconsistent purely because of a technical detail, the intent being consistent. If a child is placed in protective custody, a court hearing should be held the next court day, (IV F g 1) but in Washington the limit is 72 hours.

The remaining are inconsistent in both intent and technical detail. Procedures should exist to waive the investigation under certain circumstances (IV B d 1-3), but according to state law the investigation may not be waived. Child protective worker training does not include training about detecting investigative discrepancies through multiple

interviews (IV B k 5), nor in using interviews outside the family to confirm the content of family interviews (IV B k 6). If there is doubt as to whether a case is founded it should be reviewed by the Inter-Disciplinary Team (IV C g), but in Yakima County there is no Inter-Disciplinary Consultation Team. The investigatory findings and progress should be reviewed with the Inter-Disciplinary Team (IV D g). Again there is an inconsistency because of the absence of an Inter-Disciplinary Team. The investigatory authority should advise the adults of their right to consult legal counsel (IV E b 1), whereas in Yakima County this is the responsibility of law enforcement. Advice concerning the right to a court hearing prior to the removal of the child should be given by the investigatory authority (IV E b 2), but in practice it is the responsibility of the court worker.

The consistency of Section IV of the Standards with Yakima DSHS procedures for investigating reports of child abuse or neglect is quite high. The inconsistencies stem from the absence of an Inter-Disciplinary Consultation Team in the community, and because the responsibility for informing adults of their right to consult legal counsel and the right to a court hearing prior to removal of a child is assumed by other authorities in the community.

STABILITY AND PLANS
SECTION IV OF THE STANDARDS
Yakima County

Sources of information for the planning survey dealing with Section IV were the Yakima Office CPS Supervisor, and the State CPS Specialist.

The local agency CPS Supervisor reported plans to change current procedures for the investigation of reports by the Yakima County agency in two areas: improving the ability of CPS to gain access to a child believed to be in danger (IV A a, c, d) and establishing maximum length of time an investigation may continue (IV A b, e-g).

First, in order to improve the ability of CPS to gain access to a child believed to be in danger, the local agency plans to develop an agreement with law enforcement defining the responsibilities of each

agency and defining imminent danger. There are no documents which reflect this objective. The major problem which needs to be overcome is a difference of philosophy and roles between the two agencies. Law enforcement operates under the assumption that in order to protect a child, the child must be removed from the home; CPS strives to help the family and keep the child in the home.

Second, the local agency plans to establish a maximum length of time (30 days) an investigation may continue. The policy statement has been written up in draft form. Inadequate clerical support is the only problem that will have to be dealt with in implementing the change.

There were no plans for change addressed to the following areas: the power of selected officials to place a child in protective custody, etc. (IV F a-g), procedures for notifying the parents or guardians of the child of their rights (IV E a-c), procedures for comprehensive investigations (IV D a-g), and procedures to be used in determining the validity of reports of child abuse or neglect (IV C a-h). With respect to the training of child protective workers, there were no new plans, since a variety of new training materials are being disseminated to all of the Washington State regional offices for their units. Finally, there were no plans to correct the inconsistencies noted.

The current procedures for investigation of reports by the local agency can be considered quite stable, owing in large part to the fairly high level of consistency between Section IV of the Standards on the Yakima County procedures.

CONSISTENCY
SECTION IV OF THE STANDARDS
Grant County

The Standards on the investigation of reports by local agencies are presented in six subsections: (A) timely investigation of all reports of suspected child abuse or neglect; (B) training of all child protective investigative workers; (C) focusing the initial investigation on the safety of the child and the validity of the report; (D) provision for a thorough investigation if the initial report indicates child abuse or neglect might exist; (E) advising the parents, guardian or person

responsible for the child of the nature of the investigation and their rights; and (F) placing the child in protective custody.

Five (A, C, D, E, and F) of the six subsections were documented by DSHS state manuals, the Grant County DSHS Administrator and the Child Welfare Supervisor. Subsection B was documented by the State CPS Training Curriculum.

There is a fairly high degree of consistency between the guidelines and the local procedures in Grant County. Of the 66 guidelines in Section IV only about one-fourth were not consistent. And of those, several are basically technical inconsistencies. For example, guideline IV E c 1 & 2, stipulates that notice should be given in writing concerning (1) the existence of the report of abuse and neglect; and (2) the adult's rights in regard to the sealing, amendment, or expungement of the report and related records. In this case, the Grant County CPS unit does inform the adult of both 1 and 2 but it is done verbally rather than in writing.

There are other guidelines that are not consistent because of technical differences. The person responsible for the child's welfare is informed of the reason for the child's removal and the right of the parent to consult legal counsel, (IV F e 1 & 2) but it is done verbally rather than in writing. A court hearing should be held the next court day when a child is placed in protective custody (IV F g 1), when in fact the time limit in Grant County is 72 hours.

Because the above guidelines contain only technical inconsistencies, but are in line with the intent of the Standards, we have chosen to combine them with the others that are basically consistent. This makes almost all of the Grant County CPS procedures consistent with the Standard guidelines.

There remain some provisions which are not consistent in any way with the guidelines. Procedures should exist to waive the investigation under certain circumstances (IV B d 1-3), but according to state law the investigation may not be waived. Child protective worker training does not include training about detecting investigative discrepancies through multiple interviews (IV B k 5), nor in using interviews outside the family to confirm the content of family interviews (IV B k 6). Guidelines IV C h and IV D g both stipulate that certain cases should be

reviewed with the Inter-Disciplinary Consultation Team. There is nothing equivalent to an Inter-Disciplinary Team in Grant County. Provision is made in guideline IV F e 2 for informing the parents where a child placed in protective custody is located. Such information is never given to the parent in Grant County because, according to the local CWS Supervisor, to do so might place the child in unnecessary danger.

Overall, the Grant County CPS investigative procedures are nearly identical to the guidelines laid out in the Standards. The few inconsistencies that are present are due to the non-existence of the Inter-Disciplinary Consultation Team, and to the local agency's contention that it is always inappropriate to disclose the location of a child who has been placed in protective custody.

STABILITY AND PLANS
SECTION IV OF THE STANDARDS
Grant County

Respondents to the planning survey dealing with Section IV were the Grant County Child Welfare Service Supervisor, and the State CPS Specialist. Because Grant County has a small DSHS office there is no CPS Supervisor.

In general, there are no plans to change current procedures for the investigation of reports by the Grant County agency. The only specific goal indicated that investigations should be completed on a timely basis (IV A b, e-g). There are no documents which reflect this objective, and the obvious problem to implementation is staffing.

Overall, the Grant County procedures for investigating reports of child abuse and neglect are stable and reflect a fairly high degree of consistency with Section IV of the Standards.

CONSISTENCY
SECTION V OF THE STANDARDS
King County

Section V, Standards on Local Agency Administrative Responsibilities is composed of five substandards. The substandards are: (A) the local agency should assume the responsibility for establishing a Child Protective Unit and for strengthening child protective efforts in the community; (B) the local agency should create an Inter-Disciplinary Team to aid child protective workers; (C) the local agency should convene a "Community Child Protection Advisory Board;" (D) the local agency should develop a two-year plan for child protective activities; and (E) there should be a periodic evaluation of the local CPS program.

Four of the five subsections (A, B, C, D) were documented by DSHS state manuals, the "Region IV Policy/Procedure for CPS," and the King County CPS Supervisor. Subsection E was documented by the Administrative Assistant of the state Region IV, who is in charge of their monitoring system.

This section shows a fair degree of consistency. Of all guidelines, about half are inconsistent in both intent and technical detail. The local agency should compile, disseminate and publish public and professional educational materials (V A a 5), but the extent of the local CPS unit's involvement in this is to disseminate some public education materials. The CPS unit should be organized and administered separately from the local agency (V A d), but Washington State law assigns responsibility for the administration of the CPS unit to local offices of DSHS. The local agency should create an Inter-Disciplinary Consultation Team (V A f 7 and V B a-o) which it has not done. The local CPS unit has not convened a "Community Child Protection Advisory Board," (V C a-f). However, there is an independent, self-appointed child abuse protection council within the community which is similar in some respects. The local plan should be approved by the local Advisory Board, law enforcement agencies, etc. (V D a), and again the Advisory Board is not consulted. The local plan does not address the following items which are delineated in the Standards (V D c 3): delays in investigation, conditions under which the investigation may be waived, procedures for

determining service needs for families, statistical reporting, procedures for providing, coordinating and monitoring preventive and treatment services, provisions for resort to criminal or juvenile court; procedures for evaluation of overall CPS program, and the use of the results of the evaluation for future planning purposes. A review and evaluation of the community's overall abuse and neglect programs and services is not performed on a periodic basis (V E a-g). There is, however, a part-time monitoring of services which is performed on the regional level.

The fairly high degree of inconsistencies apparent in Section V is due to King County's lack of an Inter-Disciplinary Team, differences in planning procedures between the Standards and the local office, the organizational inclusion of the CPS unit within DSHS, the absence of the Community Child Protection Advisory Board, and the absence of full-time evaluation.

STABILITY AND PLANS
SECTION V OF THE STANDARDS
King County

Sources of information for the planning survey dealing with Section V were the King County Central CPS Supervisor, the DSHS Region IV Planning Analyst, and the State CPS Specialist.

In general, there are no plans to change the local agency administrative responsibilities in King County. The exception is the request for a Community Resource Coordinator. The person in this position would be responsible for interacting with a wide range of community health and social service organizations and other organizations to increase their understanding of the child abuse and neglect problem, how to identify these problems and report incidence, and how to coordinate services. Particular emphasis would be placed on how to prepare and document a report of abuse and neglect so the information would be useful to CPS in performing their investigative and treatment functions. The proposal for this position will appear in a planning document which will be forthcoming late in the summer of 1977. No particular problems were noted in the successful accomplishment of obtaining this position.

There is no plan for development of an Inter-Disciplinary Team as described in the Standards (V B). "Teams" currently in use tend to be localized at specific health centers (e.g., Children's Orthopedic Hospital, Harborview Medical Center) and are ad hoc in response to specific cases.

While there is no plan to engage in the two year planning process prescribed in the Standards (V D); there are other planning procedures which involve this local CPS unit. Those include the regional CPS plan which appears in the Regional Title XX planning document and a planning document which will come from the Centralized CPS Unit late in the summer.

With respect to the "Community Child Protection Advisory Board" (V C), the interview results and the review of the administrative planning document indicated that King County's regional DSHS office has been involved directly with such a board until very recently. Now a broader-based ad hoc Council has been formed by local professionals and other interested persons. The Council performs some of the functions prescribed for the CCPAB, but not all. Several DSHS staff are involved with the Council, but strictly on a voluntary basis. There is no official involvement of DSHS in the Council's activities.

There are no plans to change the part-time monitoring of services at the regional level.

Overall, local agency administrative responsibilities appear to be stable in King County. The proposed addition of the Community Resource Coordinator would enhance the already high degree of consistency between the Standards and practices in King County.

CONSISTENCY

SECTION V OF THE STANDARDS

Yakima County

Section V, Standards on Local Agency Administrative Responsibilities is composed of five substandards. The substandards are (A) the local agency should assume the responsibility for establishing a Child Protective Unit and for strengthening child protective efforts in the community; (B) the local agency should create an Inter-Disciplinary Team

to aid child protective workers; (C) the local agency should convene a "Community Child Protection Advisory Board;" (D) the local agency should develop a two-year plan for child protective activities; and (E) there should be a periodic evaluation of the local CPS program.

Four of the five subsections were documented by DSHS state manuals, "Yakima County CPS Program Matrix," and the Yakima CPS Supervisor. Subsection E, which addresses evaluation, was documented by the Service Delivery Coordinator from the regional DSHS office.

Section V shows very little consistency between the Standards and local CPS procedures. There is considerable inconsistency in both the intent and technical detail of the Standard guidelines. The CPS unit should be organized and administered separately from the local agency (V A d), but state law delegates the administration of the CPS unit to the local DSHS office. The local agency's cooperation with other agencies should include joint staff development (V A f 6), which in reality it does not, and the creation of an Inter-Disciplinary Consultation Team (V A f 7; V B a-e), which also has not been done. The local agency should be able to purchase the services of any other agency (V A g), but in fact the state purchases services directly and only certain types of services may be purchased. The local agency should establish a "Community Child Protection Advisory Board" (V C a-f), and this has not been done. The local agency should develop a two-year plan (V D a-i), but there is no local plan. Most planning is done on the state and regional levels. Periodic review and evaluation should be performed on the community's CPS program (V E a-g). No evaluation of the community's CPS program is carried out as prescribed by the Standards. However, the regional offices of DSHS does have a monitoring system for the local CPS units, which records the number of CPS cases carried forward each month, number of new cases, source of report, number terminated and reason for termination.

The level of inconsistency is high in Section V. This inconsistency can be attributed to the total absence of the Inter-Disciplinary Consultation Team, the "Community Child Protection Advisory Board," the local two-year plan, and the periodic review and evaluation of the community's overall child abuse and neglect program.

STABILITY AND PLANS
SECTION V OF THE STANDARDS
Yakima County

Respondents to the planning survey dealing with Section V were the Yakima Office CPS Supervisor, and the State CPS Specialist.

Although there is very little consistency between the prescriptions in Section V, pertaining to local agency administrative responsibilities, and current practices in Yakima County, there are plans for change in several areas.

There are definite plans to create an Inter-Disciplinary Team (V B a-e) and to designate one or more workers as liaison with other disciplines to facilitate communications. There are no documents which reflect this goal. The major problem that needs to be overcome is the scarcity of staff time.

To educate the community about child abuse (V A a, 5-7), the local CPS Unit is planning a media campaign to begin June 1, 1977 concerning how to utilize CPS services. This objective is addressed in a state memo which presents the responsibility of CPS to educate the community. There may be a problem setting up the media campaign so that it is effective.

To coordinate services (V A a 2-3, c, e-h), the local agency plans to establish an interoffice policy about receiving and processing child abuse and neglect reports for cases already assigned to other DSHS workers outside CPS. That policy statement by the CPS supervisor is now in draft form.

There are no plans addressed to: the local agency two-year plan (V D a-i), the role of the local agency in administering the CPS units (V A), or the development of a periodic review and evaluation of the overall child abuse and neglect programs and services of the local community (V E), or a "Community Child Protection Advisory Board" (V C).

Overall, local CPS policies and procedures related to local agency administrative responsibilities appear to be in a state of flux in Yakima County. Proposed changes will increase consistency with the Standards.

CONSISTENCY
SECTION V OF THE STANDARDS
Grant County

Section V, Standards on Local Agency Administrative Responsibilities is composed of five substandards. The substandards are (A) the local agency should assume the responsibility for establishing a Child Protective Unit and for strengthening child protective efforts in the community; (B) the local agency should create an Inter-Disciplinary Team to aid child protective workers; (C) the local agency should convene a "Community Child Protection Advisory Board." (D) the local agency should develop a two-year plan for child protective activities, and (E) there should be a periodic evaluation of the local CPS program.

All five subsections were documented by DSHS state manuals, and the Grant County DSHS Administrator.

Local procedures and the Standards show a high level of inconsistency. This section contains a total of 63 guidelines of which Grant County procedures are consistent with less than one-fourth. Of the group that are not consistent, a very few are inconsistent because of technical differences, but are in agreement with the intent of the Standards. The Grant County CPS unit does compile and disseminate educational and training materials (V A a 5), but does not publish them. CPS units should be established by the local agency (V A b). In Washington the CPS unit is designated by the state within the local agency. The state purchases services directly (V A h) rather than reimbursing the local office. Information is not obtained from the Central Register concerning (V E c) increase or decrease in the number of cases reported, and sources of reports, but this information is monitored by the CPS supervisor from local agency records.

Because these few guidelines are consistent with the intent of the Standards, but are technically inconsistent, we have combined them with the others that are consistent. This causes only a slight increase in the number of guidelines that are consistent.

The remaining guidelines are not consistent with the intent or technical detail. The CPS unit is not organized and administered independently of the local agency (V A d), because state law stipulated

that it must be administered by and organized within the local DSHS office. The local agency's cooperation with other appropriate agencies does not include joint staff development, (V A f 6) nor does it include the creation of an Inter-Disciplinary Consultation Team (V A f 7; V B a-e). The local agency can purchase and utilize services of many public and private organizations (V A g), but not all of them. No "Community Child Protection Advisory Board" (V C a-f) has been convened by the local agency. A local two-year plan is not developed by the local agency (V D a-i) because DSHS planning in the State of Washington is done on the regional and state levels. An evaluation of the communities child abuse and neglect programs and services (V E a-g) is not done.

STABILITY AND PLANS
SECTION V OF THE STANDARDS
Grant County

Respondents for the planning survey dealing with Section V were the Grant County Child Welfare Service Supervisor, the Grant County DSHS Administrator, and the State CPS Specialist.

There are plans to change current practices in local agency administrative responsibilities in two areas. First, the local agency plans to develop an Inter-Disciplinary Team (V B). As yet there are no planning documents which reflect this goal. The problems involved will be staffing, time and budgeting.

Second, in relation to the role of the local agency in cooperating with and in coordinating local services (V A), the local agency is developing a formalized agreement which sets forth the responsibilities of the agencies that are involved. This goal is reflected in a draft of the agreement. The problems are budgeting, staffing, funding and philosophical changes.

There are no plans for changing current responsibilities in the following areas: providing educational materials, training and technical assistance to the community and other local agencies (V A), developing a Community Child Protection Advisory Board (V C), developing a local agency two-year plan (V D), or providing periodic review and evaluation of the overall child abuse and neglect programs and services

of local communities (V E). If the state is able to obtain a grant from the National Center on Child Abuse and Neglect, it is proposing the development and implementation of a state-wide information system which would result in basic statistical information on cases of abuse and neglect throughout the state.

Overall, local agency administrative responsibilities are only slightly unstable in Grant County, with some changes proposed which would bring current practices into greater compliance with the Standards.

CONSISTENCY
SECTION VI OF THE STANDARDS
King County

The Standards on treatment are presented in three subsections consisting of (A) the availability of resources in the community to strengthen family life, (B) the development of individual treatment plans by the local agency, and (C) the responsibility of the local agency for initiating, coordinating and evaluating treatment services.

Two of the three subsections in this section (B & C) were documented by DSHS state manuals, "Region IV Policy/Procedure for CPS," and the King County Central CPS Supervisor. The following narrative will discuss only those two subsections; Section A, dealing with services, was reported with the service data in Section I and VII A.

There is a high degree of consistency between the Standards and local CPS procedures for treatment. Less than one-fourth of the procedures are inconsistent with the guidelines and one of those is only a technical inconsistency. The results of treatment reviews should be documented on standardized forms (VI C b), whereas in reality the results of treatment are reviewed, but only the fact that they have been reviewed is documented. Because this is a technical inconsistency only, we have grouped it with those that are consistent.

This leaves few guidelines that are inconsistent in intent. The treatment plan should be reviewed with the Inter-Disciplinary Team (VI B e), which does not exist. When problems of service coordination or delivery occur the case should be reviewed by the Community Child Protection Advisory Board (VI C c), but this group does not exist either. Treatment Progress Reports should be sent to the Central Register (VI C i), but Washington State does not maintain treatment information in the Central Register.

King County treatment procedures are very consistent with the Standards. The few inconsistencies that are apparent are due to the absence of an Inter-Disciplinary Team in the community, the absence of a Community Child Protection Advisory Board with which the CPS unit can review cases with treatment problems, and the fact that Washington State does not elect to maintain information concerning treatment in the Central Register.

STABILITY AND PLANS
SECTION VI (EXCEPT VI A) OF THE STANDARDS
King County

The information source for the planning survey dealing with Section VI was the King County Central CPS Supervisor.

In general, there are few plans for changing current practices related to treatment [Section VI A (except guideline f), concerning community services, is reported with Sections I and VII A]. The area in which there are objectives for change is in providing sufficient and qualified staff (VI A f). The Centralized Unit has plans to upgrade the educational requirements of CPS personnel to the minimum of MSW (Master of Social Work) or equivalent. At the same time, there will be an attempt to increase by approximately 10% the number of CPS positions available. It was recognized by the respondent that these objectives involve problems of budget, state personnel practices and the state employees union. These objectives also will appear in the forthcoming planning document.

The proposed addition of a Community Resource Developer would enhance the ability of the local agency in coordinating service delivery (VI C).

There are no further plans related to treatment.

In summary, the proposed changes would enhance the already high degree of consistency between the Standards and practices in the King County office.

CONSISTENCY
SECTION VI OF THE STANDARDS
Yakima County

The Standards on treatment are presented in three subsections consisting of (A) the availability of resources in the community to strengthen family life, (B) the development of individual treatment plans by the local agency, and (C) the responsibility of the local agency for initiating, coordinating and evaluating treatment services.

Two of the three subsections (B & C) were documented by DSHS state procedural manuals and the Yakima Office CPS Supervisor. This narrative will address only subsections B and C; subsection A, dealing with services, is reported in Section I.

The degree of consistency in Section VI is high. Out of 18 guidelines very few are inconsistent. These few are inconsistent in both intent and technical detail. The treatment plan should be reviewed with the Inter-Disciplinary Team and Community Child Protection Advisory Board if treatment needs are not clear (VI B), but neither group exists in Yakima. If problems of service coordination occur the case should be reviewed with the Community Child Protection Advisory Board. Treatment plans should be sent to the Central Register (VI C i), but Washington State does not maintain information concerning treatment.

Yakima procedures for treatment are quite consistent with those outlined in the Standards. The few inconsistencies that arise are due to the absence of the Inter-Disciplinary Consultation Team and Community Child Protection Advisory Board, and to the fact that Washington State chooses not to maintain information concerning treatment in the Central Register.

STABILITY AND PLANS
SECTION VI OF THE STANDARDS
Yakima County

The respondent for the planning survey dealing with Section VI was the Yakima County CPS Supervisor.

There are objectives related to treatment in virtually all of the areas. [Section VI A (except for guideline f), pertaining to community services, is reported with Sections I and VII A]. To improve the quality of staff (VI A f), there are plans to utilize the state CPS training materials to create uniformity of treatment between offices in the County. The state training package reflects this goal. There is no mandate to the other offices regarding the authority of the CPS supervisor from the Yakima office as the trainer for that area and the CPS supervisor sees this as a problem.

As for developing and implementing treatment plans (VI B), the local objective is to come to an agreement with supportive services so that CPS cases have priority for services. This is not reflected in any document. There may be a problem persuading other agencies to make changes in their policies and procedures.

An objective related to arranging and coordinating service delivery to families (VI C a-e) is to develop a new generic recording form for all services. It will be time limited and goal oriented. The next phase in the process will be the refinement of its use through training and evaluation. The only documents which reflect this objective are the form itself and the instruction sheet. To achieve this objective appropriate training must be implemented and the trainer must follow the intent of the form.

In relation to the local agency responsibility for reviewing and monitoring treatment progress (VI C f-i), the local agency goal is to develop formal agreements with supporting agencies regarding confidentiality and the nature of their treatment progress reports so that the effectiveness of treatment will be clear. This goal is outlined in a written agreement document shared with the juvenile court. The problem that must be overcome is reaching an understanding with the support agencies.

Overall, the proposed changes in treatment indicate that the Yakima County CPS unit is in a state of flux. All of the planning for change will make local procedures even more consistent with the Standards.

CONSISTENCY
SECTION VI OF THE STANDARDS
Grant County

The Standards on treatment are presented in three subsections consisting of (A) the availability of resources in the community to strengthen family life, (B) the development of individual treatment plans by the local agency, and (C) the responsibility of the local agency for initiating, coordinating and evaluating treatment services.

Two of the three subsections (B & C) were documented by DSHS in state procedural manuals, the Grant County DSHS Administrator and the

Grant County CSW Supervisor. The following narrative will address those two subsections only.

There is a high degree of consistency between the Standards and local agency procedures. For the total 18 guidelines, almost all local procedures are consistent.

The few procedures that are inconsistent are inconsistent in both intent and technical detail. The treatment plan is not reviewed with the Inter-Disciplinary Team (VI B e), because there is no Inter-Disciplinary Team. In Grant County, a treatment schedule which coordinates the needs of the family and those of the treatment providers (VI C b) is not feasible because there are too few services available. Serious problems of service coordination or delivery are not reviewed with the Community Child Protection Advisory Board (VI C c), because there is no advisory board in Grant County. Washington State does not elect to maintain information on treatment (VI C i), consequently the treatment plan is not sent to the Central Register. However, the Grant County treatment procedures are on the whole, very consistent with the Standards.

STABILITY AND PLANS
SECTION VI OF THE STANDARDS
Grant County

The source of information for the planning survey dealing with Section VI was the Grant County Child Welfare Service Supervisor, the appropriate respondent given that Grant County has a small DSHS office and there is no CPS Supervisor.

There are objectives related to treatment in two areas. Section VI-A (except guideline f), concerning community services, is reported with Sections I and VII A. First, in relation to local agency responsibility for arranging and coordinating service delivery to families according to treatment plan (VI C), there are plans to formalize procedures in a manual. Parts of the manual are in draft form. There are three anticipated problems: finding sufficient time and staff to complete the manual, obtaining the necessary funds, and dealing with changing procedures and circumstances.

Second, there is an objective related to the local agency having sufficient and qualified staff (VI A f). It is to project the staffing need through the Title XX impact study. The Washington State 1978 Title XX Plan reflects this objective. The major problems are staffing, funding and agency philosophy.

There are no objectives related to reviewing and monitoring treatment progress reports (VI C).

In summary, the proposed changes in treatment indicate only slight instability in Grant County. Effective implementation of the proposed changes would have the effect of increasing consistency with the Standards.

CONSISTENCY
SECTION VII OF THE STANDARDS
State of Washington

The Standards on prevention, investigation and correction of institutional child abuse and neglect are presented in four subsections: (A) suitable residential resources should be available in the community to shelter and care for children who cannot remain in their homes, (B) the state should establish and maintain an independent mechanism to investigate reports of institutional child abuse and neglect, (C) if a report of institutional child abuse and neglect is founded or indicated, corrective action should be taken to prevent subsequent occurrences, (D) continuing efforts should be made to prevent institutional child abuse and neglect.

The four subsections were documented through DSHS procedural manuals, and the State CPS Specialist. There are 66 specific guidelines contained in these four subsections.

In general, the State of Washington shows a high degree of consistency with the guidelines prescribed in Section VII. The findings show a lack of consistency for about one-fourth of the individual guidelines. About one-third of these have been judged as technically inconsistent. That is, the state does appear to approach the intent of these guidelines. For example, guideline VII A d 4 calls for institutions to encourage children to pursue college level endeavors; in the State of Washington this is done, but only for those showing high performance in high school. The presence of this encouragement reflects a consistency with the intent, but not the letter of this guideline.

There are several other guidelines which reveal the same type of inconsistency. There is an agency capable of receiving reports and initiating emergency investigations (VII B d 3), but it does so with reference to the seriousness of an allegation; and the reports must be filed within 48 hours and not 24 hours as stated in guideline VII B e 3. Advice is sought in achieving conciliation (VII C e), but this takes place through the local offices of DSHS and not a state convened advisory board. Washington State's "advisory board" is comprised of a special investigative staff and not community leading citizens and

professionals as suggested, and the special investigative staff varies in size and does not always consist of three members. The recommendations of the special investigative staff are binding (VII C f), but, as noted above, this is not an advisory board as specified in the guidelines. Local institutions are invited to establish an internal staff council, but this is not required (VII D g 1).

The above noted technical inconsistencies are judged as more rather than less consistent with the intent of the guidelines and, as such, may be combined with those judged as consistent. This shows that state provisions are basically consistent for about two-thirds of the 66 guidelines. In other words, the State of Washington may be seen as fairly highly consistent in terms of its provisions for prevention, investigation and correction of institutional child abuse and neglect.

Several of the guidelines are clearly inconsistent. Most of these are part of guideline VII D, and one is contained in VII B. VII B e 11, calls for investigation to be completed within 60 days, but Washington does not specify nor does it mandate a completion time. A few of the inconsistent guidelines deal with a state established review board to prevent institutional abuse and neglect (VII D b; VII D c; VII D d; VII D e 3); Washington State lacks a preventive review board. The remaining inconsistent guidelines (VII D g 1; VII D g 2; VII D f 3; VII D g 4; VII D g 5) refer to ongoing functions of the staff councils for local institutions, but in Washington these councils are called upon at the point of a staff suspension case; they do not perform most of the ongoing functions prescribed in the guidelines.

With respect to the Standards on prevention, investigation and correction of institutional child abuse and neglect, Washington shows an active program for engaging in each of the four major subareas delimited by the Standards. Section D on continuing preventive efforts accounts for most of the inconsistencies. These inconsistencies are mainly a result of Washington organizing in a manner different from that designated in the Standards; most of the inconsistent guidelines show a lack of provision for activities relevant to prevention.

STABILITY AND PLANS
SECTION VII OF THE STANDARDS
State of Washington

The respondents for the planning survey dealing with Section VII were the State CPS Specialist, and the Chief and Deputy for Family and Adult Services.

Generally, it can be stated that services related to prevention, investigation and correction of institutional child abuse and neglect are stable. (Parts of Section VII A, concerning community services, are reported with Section I). The interviews and review of the planning document (the proposed 1977-78 Title XX Plan) suggest that an increased effort should be mounted to develop an array of community based facilities and that administrative activities should be directed toward ensuring that these facilities meet the individualized needs (both basic and developmental) of children. While the emphasis appears to be one of choosing the least costly arrangement, there are also planning goals to study the various service modalities and to inform the legislature of the difference so that the more specialized programs will continue to receive support. Planning goals include the development and deployment of a monitoring system which will follow-up on the enforcement of licensing activities. According to the State CPS Specialist, there are no plans for centralized state level monitoring with regard to abuse and neglect in childcaring institutions. The Chief of Family and Adult Services indicated that there are plans to monitor such facilities and programs more closely (at the level of the local office). Responding to reports from these settings will continue to be the responsibility of the local office.

There is a plan to expand the definition of abuse and neglect to include all clients of DSHS programs of contracted agencies, regardless of the client's age. This change will be an administrative directive and may in the future be written into contracts with service vendors. This change is currently under development. There is also a continuing attempt to sharpen reporting of all forms of abuse within DSHS.

There are no further plans to change procedures on prevention, investigation and correction of institutional child abuse and neglect

largely because current practices in Washington State are highly consistent with the Standards. The system can be described as quite stable.

CONSISTENCY
SECTION VIII OF THE STANDARDS
King County

The Standards on court procedures are presented in eleven subsections. Those subsections deal with: (A) when child protective court action should be commenced, (B) the appointment of legal counsel for the child, (C) the parents' rights to legal representation, (D) legal assistance for the local child protective service, (E) the establishment of court rules regarding privacy, confidentiality, maintenance of verbatim records and judicial continuity, (F) procedures for placing the child in temporary protective custody, (G) expediting adjudicatory hearings, (H) timely completion of the dispositional hearings, (I) dispositional provisions for the child, (J) modification of dispositional order, and (K) appeal rights of all parties.

A total of 72 individual guidelines are contained within these eleven subsections. Of these, only 31 guidelines (primarily those contained in subsection A, B, F, and I) could be documented through written records such as the state legal codes and the DSHS procedural manuals. Information regarding King County's conformity to the remaining 30 guidelines had to be gathered from preliminary drafts of court rules that have yet to be formally adopted, or more frequently through interviews with a probation officer, and two attorneys.

In general, King County shows a high degree of consistency with the guidelines proposed in this section of the Standards. Data indicate that for the 72 individual guidelines, King County provisions show a lack of consistency in very few instances; while only two, although technically inconsistent, do reflect the intent of the guidelines. For example, whereas guideline VIII B c proposes that the attorney for the child should protect his rights by participating fully in all hearings, in King County it is a guardian ad litem who is responsible for protecting the child's rights and who participates at all stages of the process, aided only at times by an attorney. The second guideline in which a similar technical inconsistency exists is VIII G g. Although witnesses are confronted at adjudicatory and dispositional hearings in King County, there is no live testimony at preliminary hearings and as such at this level no cross-examination of witnesses occurs.

Although technically inconsistent the two guidelines described above do approach the intent of the Standards, and as may be combined with those judged as consistent. Thus, we may view King County as being consistent with about two-thirds of the guidelines.

The few individual guidelines shown to be clearly inconsistent with the intent of the Standards deal with criminal prosecution for child abuse and neglect (VII A b), the filing and assignment of child protective cases (VIII A e, VIII E f, and VIII E g), and the placement of the child when he must be removed from his home (VIII F e 1, VIII H b).

Filing deputies are not allowed to judge whether there exists "grave and urgent circumstances" which necessitate criminal prosecution in one case and not in another. Instead King County requires that if there is legally sufficient evidence present to warrant criminal prosecution of a child abuse and neglect case, action will be taken. Although guideline VIII A e states that only a special attorney or staff of attorneys should file child protective petitions, in King County any person is legally allowed to file such a petition. Because of its system of rotating judges, King County does not, as proposed in guidelines VIII E f and VIII E g, assign each child protective case to a specific judge who would then preside over preliminary through dispositional hearings.

Regarding the placement of a child, if she or he is to be removed from the natural home, guidelines VIII F e and VIII H b propose a hierarchical system whereby placement with a relative is deemed preferable to a foster or group home. In contradiction to this philosophy, it is the opinion of the court in King County that a neutral setting such as that of a receiving home is in general the most suitable. As such, children are very rarely awarded to a relative for either temporary protective custody or for more extended periods of time.

King County appears to show a fairly high degree of consistency. The degree of consistency or inconsistency of the county with the guidelines must, however, be viewed with certain reservations, for publicly available written records documenting the county's consistency or inconsistency could only be obtained for one-half of the guidelines. In other cases, statements made by a probation officer, an attorney at the State Attorney General's office, and a prosecuting attorney as to how

"this office handles such situations" or what "customary procedures" are, formed the basis on which consistency or inconsistency was judged.

STABILITY AND PLANS
SECTION VIII OF THE STANDARDS
King County

The respondent for the planning survey dealing with Section VIII was a King County Superior Court Judge, currently assigned to the King County Juvenile Court.

There are plans to increase the dissemination of knowledge regarding the court's availability with respect to implementing court action in child abuse and neglect cases (VII A a-i). The courts do not implement court action per se; their function is to make judgments of adjudication and disposition. In order to achieve greater dissemination of knowledge regarding availability, it will be necessary to overcome fear of being sued on the part of hospital personnel; doctors are hesitant to take action without legal protection involving parental consent.

There are plans to represent abused or neglected children by appointing a guardian ad litem for the children (VIII B). The main problem in achieving this change has to do with funding allocations. It is expected that there will be a short term double bind resulting from imposing the new system on the old one.

There are plans to improve the availability of legal counsel for the local CPS (VIII D) by increasing the number of lawyers. Financing the additional lawyers is the major problem involved in achieving this change.

Plans related to time limits for the completion of adjudicatory hearings in child protective cases involve having immediate hearings if necessary to protect the welfare of child (VII G a-b). If an immediate hearing is not necessary, there is a plan to have the first hearing within two weeks of petition; the second hearing within two weeks of the first hearing; the disposition within 60 days.

Plans related to dispositional court hearings (VIII H a-f) involve specifying a long-range plan that is to be implemented for the child. It will specify the time of the dependency period, child's location,

specific conditions to be fulfilled, and the name of the monitoring agency. The major problem that must be dealt with in order to achieve this change is expected to be staffing for implementation.

Plans related to the basic philosophy on removal of children from their homes (VII I a) involve increasing the rights of children. The major problem in achieving this change will be to overcome traditional values of relegating children to the status of parents' property.

Plans related to procedures for enforcing dispositional orders (VIII J a-b) involve requiring agency to monitor a long-range plan for the child. No problems are perceived in achieving this change.

Plans related to procedures for post-dispositional review (VIII J c-d) will require agencies responsible for monitoring long-range plans to initiate a review if there is any subsequent failure to comply with the plan. No problems are expected to occur in achieving this change.

There are no further objectives for changes in juvenile court procedures. The changes indicated would have the effect of increasing the already high degree of consistency between current policies and procedures in the King County Juvenile Court and the Standards. The current system appears to be quite stable; changes proposed do not represent a radical departure from current practice.

CONSISTENCY

SECTION VIII OF THE STANDARDS

Yakima County

The Standards on court procedures are presented in eleven subsections. Those subsections deal with: (A) when child protective court action should be commenced, (B) the appointment of legal counsel for the child, (C) the parents' rights to legal representation, (D) legal assistance for the local child protective service, (E) the establishment of court rules regarding privacy, confidentiality, maintenance of verbatim records and judicial continuity, (F) procedures for placing the child in temporary protective custody, (G) expediting adjudicatory hearings, (H) timely completion of the dispositional hearings, (I) dispositional provisions for the child, (J) modification of dispositional order, and (K) appeal rights of all parties.

The eleven subsections in Section VIII were documented by the Revised Codes of Washington, State DSHS Manuals, Washington State Administrative Codes, the Yakima County Probation Supervisor and the Yakima Office CPS Supervisor.

Yakima County court procedures show a high degree of consistency with the Standards. For the 72 guidelines, very few provisions are inconsistent. The filing of child protective cases is not limited to special attorneys (VIII A e 1 & 2). In Yakima County the minimum age a child may be in order to be allowed in court is 12 rather than 7, as specified in the Standards (VIII E d). There are no referees assigned (VIII E g). The court may not order an investigation of a home which may be designated for protective custody (VIII F f), because that is the mandated responsibility of CPS. When a child is institutionalized a copy of the treatment plan is not given to the local agency for subsequent transmission to the Central Register (VIII I h), because in Washington the Central Register does not keep information concerning treatment.

Overall, the level of consistency is very high. Most of the inconsistencies are due to Washington State law (VIII A e 1 & 2, VIII F f, and VIII I h). The remaining guidelines are inconsistent because there are no referees and due to a difference in the minimum age at which a child is allowed in court.

STABILITY AND PLANS
SECTION VIII OF THE STANDARDS
Yakima County

The respondent for the planning survey of Section VIII was the Juvenile Court Judge in Yakima County.

Juvenile court practices seem to be fairly stable in Yakima County. There is, however, planning for change in three different areas. The first area is the assignment of judges to hear child protective cases (VIII E f-g). There are plans to add another judge to the staff because of an increase in caseload. There are no documents which speak to this plan. The only foreseeable problem might be coming up with funding for a new position.

The second planning area concerns the conditions under which child protective court action should be initiated (VIII A a-i). The court plans to familiarize physicians with the symptoms of child abuse and current treatment practices. They also plan to assist law enforcement and CPS in developing an agreement between the two regarding who has responsibility for what. Because the child protective law states that either may investigate CPS cases, there have been problems initiating and providing evidence for court actions. There are no documents which reflect these plans and the major anticipated problem which will have to be dealt with is interdepartmental agreement and coordination.

The third area in which planning is taking place is the basic philosophy on removal of children from their home (VIII I a). The plan is to increase the treatment of parents to rehabilitate them so that the child may remain in the home or be returned to the home sooner. There are no planning documents which reflect this. To overcome the resistance felt by most parents to receiving help will be the major obstacle to fulfilling the plan. Most parents resent the intrusion of helping agencies.

Basically, the juvenile court procedures tend to be fairly stable in Yakima County. In only three of eight areas covered in the interview were there plans for changing procedures, and those changes will increase the consistency between the Standards and Yakima Juvenile Court Procedures.

CONSISTENCY

SECTION VIII OF THE STANDARDS

Grant County

The Standards on Court Procedures are presented in eleven subsections. Those subsections deal with: (A) when child protective court action should be commenced, (B) the appointment of legal counsel for the child, (C) the parents' rights to legal representation, (D) legal assistance for the local child protective service, (E) the establishment of court rules regarding privacy, confidentiality, maintenance of verbatim records and judicial continuity, (F) procedures for placing the child in temporary protective custody, (G) expediting adjudicatory hearings,

(H) timely completion of the dispositional hearings, (I) dispositional provisions for the child, (J) modification of dispositional order, and (K) appeal rights of all parties.

The eight subsections in Section VIII were documented by the Revised Codes of Washington, State DSHS Manuals, Washington State Administrative Codes, the Grant County Chief Probation Officer and the Grant County DSHS Administrator.

There is a high degree of consistency between the Standards and the procedures of the Grant County Juvenile Court. For the 72 guidelines, very few procedures were inconsistent, and one of these was inconsistent technically, but was consistent in intent. Individual treatment plans are developed for each child by the CPS unit (VIII I f), but not by the institution; an abused or neglected child has never been institutionalized in Grant County. We have chosen to group this guideline with those that are consistent.

There are only a few procedures that are inconsistent with the intent of the Standards. Child protective cases are not filed or presented only by a special attorney (VIII A e 1 & 2). Referees are not assigned (VIII E g). Often a court hearing cannot be held within 72 hours after a child is placed in protective custody (VIII F d), because often children are sent out of the county for treatment. In Washington, the court may not order a timely investigation of a home which may be designated for protective custody (VIII F f), because that is a mandated responsibility of CPS. A copy of the treatment plan for a child who has been institutionalized is not given to the local agency for subsequent transmission to the Central Register (VIII I h), because the Central Register in Washington State does not maintain information concerning treatment. The post dispositional review does not consist of a full hearing (VIII J d).

Overall, the level of consistency is very high. Some of the inconsistencies are due to state law (VIII A e 1 & 2, VIII F f and VIII I h) and to the limited resources available in Grant County (VIII F d). The remaining inconsistencies are due to the absence of referees and because the post dispositional review does not consist of a full hearing.

STABILITY AND PLANS
SECTION VIII OF THE STANDARDS
Grant County

The source of information for the planning survey dealing with Section VIII was the Grant County Juvenile Court Judge.

There are virtually no plans or objectives for changes in Juvenile Court Procedures in Grant County. The system is exceptionally stable, due in large part to the existing high level of consistency between current practices and Standards.

OVERALL SUMMARY
STATE OF WASHINGTON

The Washington counties involved in the field test range from moderate to high consistency with the Standards on service programs.

All of the services recommended in Sections I, VI A, and VII A of the Standards are available in King County. In addition, there are plans for establishing emergency child home caretakers; public awareness of resources; parent aides; emergency crisis day care; emergency shelters for adolescents, battered women and their children; education for parenthood; crisis service case follow-up; public housing; joint hospital planning and operation.

Yakima County is lacking five of the prescribed services: advocacy, home management information and services, respite care, visiting nurse and home health aides, and institutional care for children. Current plans include emergency shelters for adolescents; parent aides; public awareness of resources; advocacy; new housing; emergency shelter for women and children; self-help groups; medical and abortion services; visiting nurse and home health aides.

In Grant County, eight of the prescribed services are not present: advocacy, consumer information, crisis intervention, dental clinics, emergency shelter, institutional care for children, respite care, and visiting nurse and home health aides. Current plans include emergency homemaker services; emergency adolescent shelters; expanded emergency financial aid, food and clothing services; day care; mental health and health services.

The service figures reported are gross estimates due to a lack of a comprehensive information system. Also there has been no systematic effort to determine service needs; hence, service figures provide no indication as to the "adequacy" of existing services. Overall, on the basis of existing figures, the state's level of consistency with respect to services is quite stable; plans for change are consistent with the Standards, and they tend to fill existing gaps or further enhance the service network.

Washington State laws are highly consistent with the recommendations regarding reporting procedures in Section II of the Standards. With the

exception of two aspects, Washington's reporting requirements and definition of child abuse and neglect are consistent with the Standards. The state's level of consistency with respect to state statutes is also very stable.

With respect to the Standards on state responsibilities in Section III, Washington appears to have provisions for actively engaging in seven of the nine subareas delimited in the Standards. Sections H on Research and Demonstrations, and I on the statewide citizens committee account for the bulk of inconsistencies; these would be consistently adhered to if resources permitted. Apart from these, the specific procedures found to be inconsistent reveal minor "shortcomings" with respect to reporting and evaluating the impact of educational efforts. None of the inconsistent items show a lack of provision for activities relevant to identification, prevention and treatment so far as these relate to the state's responsibilities as put forth in the Standards. There are few plans under development which would affect the current provisions on state responsibilities for child abuse and neglect programs; state responsibilities are very stable.

The three counties show a high degree of consistency with the Standards in Section IV on local investigation of reports. King County is consistent with most of the 66 guidelines. The few inconsistencies relate to discrepancies in the time limits for investigations; the absence of an Inter-Disciplinary Team; differences concerning legal advice given to the adult; and disclosure of the location where a child is placed in protective custody. The current procedures for investigation of reports are quite stable.

Yakima County is consistent with most of the 66 guidelines. The inconsistencies stem from the absence of an Inter-Disciplinary Consultation Team, and because the responsibility for informing adults of their right to consult legal council and have a court hearing prior to removal of the child is assumed by other authorities in the system. Procedures for investigating reports are quite stable; there are no plans to alter existing arrangements.

Grant County is consistent with most of the 66 guidelines. The inconsistencies that are present are due to the non-existence of an Inter-Disciplinary Consultation Team, and to the local agency's

contention that it is always inappropriate to disclose the location of a child who has been placed in protective custody. The current procedures for investigation of reports are quite stable.

The three counties show a low degree of consistency with the Standards in Section V on local agency administrative responsibilities. King County is consistent with less than half of the 63 guidelines. The low degree of consistency is due to the lack of an Inter-Disciplinary Team; differences in planning procedures between the Standards and the local office; the inclusion of the CPS unit within DSHS; the absence of a Community Child Protection Advisory Board; and the absence of full time evaluations. The local agency administrative responsibilities appear to be stable as they exist in King County.

Yakima County is consistent with about one-fourth of the 63 guidelines. The low level of consistency can be attributed to the total absence of an Inter-Disciplinary Consultation Team; a "Community Child Protection Advisory Board;" a local two-year plan; and a periodic review and evaluation of the community's overall child abuse and neglect program. Local agency administrative responsibilities in Yakima County appear to be in a state of flux. There are plans to create an Inter-Disciplinary Team; to educate the community about child abuse through a media campaign; and to establish an interoffice policy regarding the receiving and processing of reports. Proposed changes will increase consistency with the Standards.

Grant County is consistent with about one-fourth of the 63 guidelines. The low level of consistency results from CPS not being administered independently of the local agency; a lack of joint staff development; a lack of an Inter-Disciplinary Consultation Team; no "Community Child Protective Advisory Board;" no two-year plan; and no overall evaluation of the community's Child Protection Program. Administrative responsibilities are slightly unstable in Grant County. There are plans to develop an Inter-Disciplinary Team, and the local agency is developing a formalized agreement which will specify service coordination. These changes will increase the consistency with the Standards.

The three counties show a high degree of consistency with the Standards on treatment in Sections VI B and VI C. King County is

consistent with almost all of the 18 guidelines. The inconsistencies are due to the absence of an Inter-Disciplinary Team; CPS's failure to review cases with treatment problems with the Community Child Protection Advisory Board; and the fact that Washington does not elect to maintain information about treatment in the Central Register. Existing treatment provisions are quite stable.

Yakima County is consistent with almost all of the 18 guidelines. The inconsistencies are due to the absence of an Inter-Disciplinary Consultation Team; lack of a Community Child Protection Advisory Board; and because Washington State does not maintain information concerning treatment in the Central Register. The Yakima County CPS unit is in a state of flux. There are plans related to virtually all of the areas pertaining to community services. These changes will make local procedures in Yakima County even more consistent with the Standards.

Grant County is consistent with most 14 of the 18 guidelines. The inconsistencies are a result of there not being an Inter-Disciplinary Team; lack of a community advisory board; the scarcity of treatment resources and because Washington does not keep information concerning treatment at the Central Registry. Proposed changes indicate some instability in Grant County. There are plans to formalize agency coordination, and to project staffing needs through a Title XX impact study. The proposed changes would increase consistency with the Standards.

The State of Washington shows a high degree of consistency with the guidelines proposed in Section VII on prevention, investigation and correction of institutional abuse and neglect. Provisions are consistent with almost all of the 66 guidelines. Section VII D on continuing preventive efforts accounts for most of the inconsistencies. These inconsistencies are mainly a result of Washington organizing in a manner different from that designated in the Standards; none of the inconsistent guidelines show a lack of provision for activities relevant to prevention. Existing services related to prevention, investigation and correction of institutional child abuse and neglect are stable.

The three counties show a high degree of consistency with the Standards in Section VIII on Court Procedures. King County is consistent with almost all of the 72 guidelines. The areas of inconsistency deal with criminal prosecution for child abuse and neglect; the

filing and assignment of child protective cases; and the placement of the child when removed from the home. Existing court procedures are stable. Planned changes do not alter present inconsistencies, but do further enhance the high degree of consistency with the Standards.

Yakima County is consistent with almost all of the 72 guidelines. Four of the six inconsistencies are due to Washington State law, and the remaining two are inconsistent because there are no referees and the minimum age for allowing children in court differs from the Standards. Court procedures are fairly stable in Yakima County. There are plans to hire another judge to hear child protective cases; plans to familiarize physicians with the symptoms of child abuse and current treatment practice; and plans to increase treatment of parents so that children may remain in the home or return sooner. These changes further enhance the present high level of consistency.

Grant County is consistent with almost all of the 72 guidelines. Most of the inconsistencies are due to state law, and the limited resources available in Grant County. The existing system is very stable; there are virtually no plans for changing the current juvenile court procedures.

Overall, the State of Washington is least consistent with the Standards in Section V on local agency administrative responsibilities. Apart from this area, the State tends to be fairly highly consistent with the Standards as prescribed.

PART B

RAW DATA DRAWN FROM AN APPLICATION OF THE
BASELINE EVALUATION PROCEDURE

THE STATE OF WASHINGTON
KING COUNTY
YAKIMA COUNTY
GRANT COUNTY

GUIDELINE IDENTIFICATION/GUIDELINE	SOURCE	CONFORM/ NOT CONFORM	SPECIFY IN WHAT WAYS NOT CONFORM
II A a. The definitions of "abuse" and "neglect" should not be artificially separated. A single, comprehensive definition should be developed which brings together the problems of child battering, abuse, neglect, dependency, abandonment and other forms of parental inadequacy under one conceptual framework--the "abused and neglected child."	*WAC 388-16-505 **RCW 26.44.020	Yes	
II A b. The law defining "abused and neglected" should include: (1) all children under eighteen years of age;	WAC 388-16-505	Yes	
II A b. The law defining "abused and neglected" should include: (2) injury to a child's physical and mental health or welfare. "Physical injury" means death, or permanent or temporary disfigurement or impairment of any bodily organ. "Mental injury" means an injury to the intellectual or psychological capacity of a child as evidenced by an observable and substantial impairment in his/her ability to function within his/her normal range of performance and behavior, with due regard to his/her culture;	"	Yes	
II A b. The law defining "abused and neglected" should include: (3) sexual abuse as defined by State law;	"	Yes	
II A b. The law defining "abused and neglected" should include: (4) negligent treatment or maltreatment (including the failure to provide adequate food, clothing, shelter, health care, education, or supervision) by specific acts, or omissions of a similarly serious nature, requiring the child protective service or a court;	"	Yes	

*WAC = Washington Administrative Code
 **RCW = Revised Code of Washington

GUIDELINE IDENTIFICATION/GUIDELINE	SOURCE	CONFORM/ NOT CONFORM	SPECIFY IN WHAT WAYS NOT CONFORM
II A b. The law defining "abused and neglected" should include: (5) abandonment or desertion of the child;	WAC 388-16-505	Yes	
II A b. The law defining "abused and neglected" should include: (6) threatened harm (or substantial risk of harm) to each element of 2, 3, and 4 above.	"	No	No provision for only "threatened" harm
II A b. The law defining "abused and neglected" should include: (7) a provision stating that "a person responsible for a child's health or welfare" includes the child's parent, guardian, or other person responsible for the child's health or welfare, whether in the same home as the child, a relative's home, a foster care home, or a residential institution;	RCW 26.44.010	Yes	
II A b. The law defining "abused and neglected" should include: (8) a religious exception to ensure that a parent or guardian legitimately practicing his religious beliefs who thereby does not provide specified medical treatment for a child, for that reason alone shall not be considered a negligent parent or guardian.	RCW 74.13.031	Yes	
II A c. The law defining "abused and neglected" should omit: (1) the word "serious" preceding physical or mental injury;	WAC 388-16-505	Yes	

GUIDELINE IDENTIFICATION/GUIDELINE	SOURCE	CONFORM/ NOT CONFORM	SPECIFY IN WHAT WAYS NOT CONFORM
II A c. The law defining "abused and neglected" should omit: (2) any requirement that there must be physical evidence of injury, at least in the form of marks, in order to determine that abuse or neglect has occurred;	WAC 388-16-305	Yes	
II A c. The law defining "abused and neglected" should omit: (3) any mention of "immoral conduct" on the part of a child's parent or guardian.	RCW 26.44.020	Yes	
II B a. The law should provide for mandatory reporting by designated professionals and para-professionals, including: any physician, resident; intern; hospital personnel engaged in the admission, examination, care or treatment of persons; nurse, osteopath, chiropractor; podiatrist; medical examiner or coroner; dentist; optometrist; or any other health or mental health professional; Christian Science practitioner; religious healer; school teacher or other school official or pupil personnel; social worker, professional day care center or any other professional child care, foster care, residential, or institutional worker; or peace officer or other law enforcement official.	WAC 388-16-515	Yes	
II B b. The law should allow all other individuals, <u>i.e.</u> , those not mandated to report, to make reports. Although anonymous reports should not be encouraged, they should be permitted.	WAC 388-16-515 RCW 26.44.030	Yes	
II B c. Reportable child abuse and neglect should include all the elements of abuse and neglect discussed in Standard II A.			

GUIDELINE IDENTIFICATION/GUIDELINE	SOURCE	CONFORM/ NOT CONFORM	SPECIFY IN WHAT WAYS NOT CONFORM
II B d. The privileged quality of communication between husband and wife and between any professional person and his patient or client, except that between attorney and client, should not constitute grounds for failure to report or failure to cooperate with the child protective service.	RCW 26.44.060	Yes	
II B e. The law should provide immunity from civil liability and criminal prosecution to all persons reporting, in good faith, known or suspected instances of child abuse and neglect.	WAC 388-16-515	Yes	
II B f. Any person, official, or institution mandated to report a case of known or suspected child abuse or neglect who knowingly fails to do so (or who knowingly prevents someone else from doing so) should be guilty of a misdemeanor and should be civilly liable for the damages caused by such failure.	RCW 26.44.080	Yes	
II B g. The law should provide that a mandated reporter may take, or cause to be taken, photographs of the areas of trauma visible on a child who is subject to a report, and if medically indicated, cause to be performed a radiological examination of the child.	RCW 26.44.050	No	Radiological examination is not specifically mentioned
II B h. The law should provide immunity to all persons for any act required by State law including, besides reporting, the taking of photographs and x-rays, placing a child in protective custody, and participating in court proceedings.	RCW 26.44.056 26.44.050 26.44.060	No	No specific provision made for taking x-rays

GUIDELINE IDENTIFICATION/GUIDELINE	SOURCE	CONFORM/ NOT CONFORM	SPECIFY IN WHAT WAYS NOT CONFORM
II B i. All reports of known or suspected child abuse and neglect, and all records generated as a result of such reports which identify individuals by name and address, should be confidential. Access to reports shall be limited to authorized personnel in performance of their official functions (see Standard VIII E on confidentiality).	WAC 388-16-520 RCW 26.44.070	Yes	
II B j. The law should provide authority to specifically designated officials to take a child into protective custody. Laws and procedures should clearly define the conditions that must be satisfied in order to exercise this authority; to whom the action should be reported; and how quickly such a report must be made.	RCW 26.44.056	Yes	
II B k. The law should provide that persons required to report must (and other persons may) report deaths to the medical examiner or coroner if they have reasonable cause to suspect that a child has died as the result of child abuse or neglect.	RCW 26.44.030	Yes	
II B l. The law should provide that the medical examiner or coroner must investigate the report of a child who may have died as a result of abuse or neglect and give his findings, in writing, to the local law enforcement agency, the appropriate district attorney, the local child protective service, and, if the institution making the report is a hospital, the hospital.	RCW 26.44.030	Yes	

GUIDELINE IDENTIFICATION/GUIDELINE	SOURCE	CONFORM/ NOT CONFORM	SPECIFY IN WHAT WAYS NOT CONFORM
II B m. The law should provide that a person required to report in his capacity as a member of the staff of a medical or other private or public institution, school, facility, or agency, shall immediately notify the person in charge, or his designated agent, who shall then take or cause to be taken color photographs of visible trauma and shall, if medically indicated, cause to be performed a radiological examination of the child.	RCW 26.44.050	No	No provision is made for radiological examination
II C a. The law should encourage both verbal and written reporting.	WAC 388-16-15 RCW 26.44.040	Yes	
II C b. Immediate reporting by phone should be facilitated through a single, State-wide, toll-free number (hotline or emergency number) which should be operated twenty-four hours a day.	"	No	Mention is made of a state-wide toll-free 24 hour telephone (hotline) number
II C c. A single State agency should be designated to receive all reports. (Local agencies, as authorized by the State agency, could also receive reports. In this case, the State agency should be notified about the report and its contents.)	RCW 26.44.070	Yes	
II C d. Written confirmation reports should be required from all mandatory reporters within forty-eight hours after the verbal report is made.	RCW 26.44.040	No	Written reports must follow oral reports only upon request

Washington

STATE

COUNTY

GUIDELINE IDENTIFICATION/GUIDELINE	SOURCE	CONFORM/ NOT CONFORM	SPECIFY IN WHAT WAYS NOT CONFORM
II C e. Permissive reporters should be encouraged but not required to make written reports.	RCW 26.44.040	Yes	
II C f. Written reports should be made on, or conform to, standardized forms in order to ensure that all the information needed for subsequent investigation is acquired in a comprehensive and uniform manner.	DSHS forms RCW 26.44.040	Yes	
II C g. Written reports (and to the extent feasible verbal reports) should contain the following information: (1) Names and addresses of the child and his parents or other persons responsible for his health or welfare;	RCW 26.44.040	Yes	
II C g. Written reports (and to the extent feasible verbal reports) should contain the following information: (2) The name (and address if not parent or guardian) of the person responsible for the suspected abuse or neglect;	"	Yes	
II C g. Written reports (and to the extent feasible verbal reports) should contain the following information: (3) The suspected victim's sex, age, and race;	"	No	No mention of requiring data on sex or race

Washington
STATE

COUNTY

GUIDELINE IDENTIFICATION/GUIDELINE	SOURCE	CONFORM/ NOT CONFORM	SPECIFY IN WHAT WAYS NOT CONFORM
II C g. Written reports (and to the extent feasible verbal reports) should contain the following information: (4) The nature and extent of the suspected child's abuse or neglect, including any evidence of prior injuries to the subject child or his siblings;	RCW 26.44.040	Yes	
II C g. Written reports (and to the extent feasible verbal reports) should contain the following information: (5) Family composition, e.g., names, ages, and sex of siblings or <u>other children</u> in the household and any other adults normally present;	"	No	Data on family composition not required
II C g. Written reports (and to the extent feasible verbal reports) should contain the following information: (6) Any actions taken and whether or not the child has been placed in protective custody;	"	No	Not required
II C g. Written reports (and to the extent feasible verbal reports) should contain the following information: (7) The person making the report and where he can be reached;	"	No	Not required
II C g. Written reports (and to the extent feasible verbal reports) should contain the following information: (8) The location of child and place where suspected or known incident occurred. Sufficient detail should be provided to enable an investigator to locate the child and to reach the site where the incident took place.	"	No	Not required

GUIDELINE IDENTIFICATION/GUIDELINE	SOURCE	CONFORM/ NOT CONFORM	SPECIFY IN WHAT WAYS NOT CONFORM
III A a. The State department should: (1) serve as a State clearinghouse on persons and groups providing or concerned with human services related to the prevention, identification, or treatment of child abuse or neglect;	State Child Protective Services Specialist	No	Does not deal with prevention
III A a. The State department should: (2) compile, publish, and disseminate public, professional, and staff educational and training materials (these functions are described in Standard III G);	"	Yes	
III A a. The State department should: (3) provide, directly or indirectly, training and technical assistance (these functions are described in Standard III G);	"	Yes	
III A a. The State department should: (4) foster the development of improved and additional State and local programs and activities;	"	Yes	
III A a. The State department should: (5) encourage the assumption of prevention and treatment responsibilities by additional agencies and groups;	"	Yes	
III A a. The State department should: (6) encourage the coordination of existing programs and activities;	"	Yes	

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III A a. The State department should: (7) conduct, support or foster research and demonstration projects (see Standard III H).	State Child Protective Services Specialist	Yes	
III A b. A "State Child Abuse and Neglect Coordinating Committee" of representatives of appropriate State agencies should be convened by the head of the State department for the purpose of: (1) coordinating and assisting State efforts to strengthen and improve child abuse and neglect prevention and treatment;	"	No	State-wide coalition with representatives from 23 of 39 counties has been formed with participation by state agency administrator
III A b. A "State Child Abuse and Neglect Coordinating Committee" of representatives of appropriate State agencies should be convened by the head of the State department for the purpose of: (2) ensuring that there is proper consultation and cooperation between the State department and other appropriate State agencies.	"	No	Meets guideline purpose but not "convened by head of state department" (See III A b 1 above)
III A c. The "State Child Abuse and Neglect Coordinating Committee" should be chaired by the head of the State department, or a person appointed by him, and composed of representatives from the appropriate State agencies providing or concerned with human services related to the prevention, identification and treatment of child abuse and neglect.	"	No	State-wide coalition chaired by community professional
III A d. An "Annual Report on Child Abuse and Neglect Prevention and Treatment" in the State should be prepared and transmitted to the Governor and the Legislature at least 45 days before the beginning of the State's fiscal year.	"	No	Annual report not prepared

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III A e. The annual report should: (1) detail the specific acts taken to implement the provisions of pertinent State law(s) and the nature, accomplishments, and shortcomings of State and local child abuse and neglect prevention and treatment efforts, including: a description of the activities of the State department, the various local child protective services, and other relevant public, private and parental groups or agencies; a statistical analysis of the case reports made to the statewide center; the State department's evaluation of services offered to the children and families involved; the State department's recommendations for additional legislation or services; and any other information deemed relevant.	State Child Protective Services Specialist	No	No annual report
III A e. The annual report should: (2) set forth State and local efforts to develop, strengthen and carry out child abuse and neglect efforts in the coming year based upon materials prepared pursuant to Title XX of the Federal Social Security Act and Public Law 93-247;	"	No	No annual report
III A e. The annual report should: (3) incorporate sections prepared by the State Child Abuse and Neglect Coordinating Committee and the Statewide Citizen's Committee on Child Abuse and Neglect which contain their comments, recommendations, or any other information they deem relevant to child abuse and neglect prevention and treatment efforts.	"	No	No annual report
III A f. Unless there is urgent necessity, there should be a 45 day public notice period during which time the regulations and programs adopted by the State department can be examined and commented upon to create public awareness of and to stimulate input in their formulation.	"	Yes	

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III A g. If there is an "urgent necessity" for the immediate adoption of a particular regulation or form, the commissioner of the State department should be able to waive or shorten the notice period by issuing a written statement certifying the existence of "urgent necessity."	State Child Protective Services Specialist	Yes	
III A h. The State department should be able to request from any public agency or agency receiving public funds, or any other agency providing services under the local child protective services plan, such cooperation, assistance, and information as would enable the State department and local agencies to implement the provisions and fulfill their responsibilities under pertinent State law(s).	"	Yes	
III B a. The designated State department should have a distinct organizational unit, a statewide child protection center, solely responsible for child abuse and neglect activities and programs, with sufficient and qualified staff, adequate resources, and adequate telephone facilities to perform the functions assigned to it.	*WAC 388-16-510	No	Economic and Social Service Office not solely responsible CA/N (see Manual H 54.24)
III B b. This statewide child protection center should have a 24-hour, 7 day a week telephone capability, preferably a State-wide, toll-free number, which can be easily used by anyone to report a case of suspected child abuse and neglect. These telephones should be staffed, at all times, by individuals capable of determining and assessing any emergency situation, i.e., <u>they should have social service knowledge and understanding.</u>	DSHS Manual G 54.26	Yes	

*WAC = Washington Administrative Code

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III B c. The statewide child protection center should operate or administer a State-wide Central Register system to file and process all oral and written reports. (See Standard III E for additional information.)	DSHS Manual G 54.26	Yes	
III B d. The State agency must be able to immediately determine, 24 hours a day, 7 days a week, whether or not a previous report exists concerning a subject or a sibling.	DSHS Manual G 54.56	Yes	
III B e. Reports received directly by the State agency should be assigned and transmitted, by telephone or other communications equipment, to the appropriate local agency for investigation together with any pertinent information on previous incidents. (See Section IV for information on local agency responsibilities.)	DSHS Manual G 54.08	Yes	
III B f. Transmission of reports and background information to local agencies should be made immediately in an emergency situation. Otherwise, this information should be transmitted at the beginning of the next working day. (Any information released on previous incidents in the same family should state the status of the case.)	DSHS Manual G 54.56	Yes	
III B g. The State agency should develop and maintain a file of officials, agencies, and agency representatives who are authorized to receive information on incidents of child abuse and neglect.	DSHS Manual G **RCW 26.44.070 WAC 388-16-525	Yes	**RCW = Revised Code of Washington

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III B h. Individuals should be able to write or call the State agency and request information on previous incidents to a specific child or his siblings. If the requestor is one of the authorized officials or agency representatives on file, all pertinent information should be assembled and transmitted to the person as needed.	DSHS Manual G	Yes	
III C a. The local agencies designated to perform investigations may be part of the State agency or they may be independent local agencies.	DSHS Manual G Personnel Policy 540-Amd. 10-1-74- 5413	No	CA/N by DSHS affiliates investigation by supervision
III C b. The State agency should be ultimately responsible and provide general monitoring of the overall progress of investigations performed by the local agencies.	State Child Protective Services Specialist	Yes	
III C c. The personnel assigned, within these local agencies, to the child protective and investigative functions should be placed in an independent, single administrative group.	"	Yes	
III C d. The local agencies should have the ability to receive, or arrange for the receipt, of emergency reports from the State agency twenty-four hours a day, seven days a week.	DSHS Manual 54.56	Yes	

GUIDELINE IDENTIFICATION/GUIDELINE	SOURCE	CONFORM/ NOT CONFORM	SPECIFY IN WHAT WAYS NOT CONFORM
III C e. The local agencies could also have the ability to receive reports directly from reporters in their jurisdiction, as approved by the State agency, during those hours agreed upon between the State agency and the local agency, e.g., during normal business hours.	WAC 388-16-515	Yes	
III C f. Pertinent information from any reports received by the local agency directly from reporters should be transmitted to the State agency so that the Central Register can be kept up to date. Information from these verbal or written reports should be transmitted, by telephone or other communications equipment, immediately during normal business hours. Reports received during non-business hours should be transmitted at the beginning of the next business day.	"	Yes	
III D a. The State agency should design and disseminate all forms <u>needed</u> by the local agencies to collect information and to document investigation results and treatment progress.	DSHS Manual G 54.24	Yes	
III D b. The State agency should determine all reports that must be made by the local agencies and submitted to the State agency. This is to ensure that adequate information is available to perform the agency's monitoring, planning and evaluation functions. (See Standard III E for elements of information that will be required.) The following reports should be considered: (1) written reports confirming a verbal report of suspected child abuse and neglect. These should be obtained by the local agency from all mandated reporters and obtained if possible from permissive reporters for all cases assigned to the agency for investigation;	DSHS Manual G 54.04	Yes	

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III D b. The State agency should determine all reports that must be made by the local agencies and submitted to the State agency. This is to ensure that adequate information is available to perform the agency's monitoring, planning and evaluation functions. (See Standard III E for elements of information that will be required.) The following reports should be considered: (2) preliminary report on findings of investigation, within seven days after the case is assigned;	DSHS Manual G 54.36	No	No provision for preliminary report
III D b. The State agency should determine all reports that must be made by the local agencies and submitted to the State agency. This is to ensure that adequate information is available to perform the agency's monitoring, planning and evaluation functions. (See Standard III E for elements of information that will be required.) The following reports should be considered: (3) report on investigation findings, within sixty days after the case is assigned;	DSHS Manual H 54.14	No	"Arbitrary time period per se not grounds for termination" Required advising in 90 days (Manual G 54.36)
III D b. The State agency should determine all reports that must be made by the local agencies and submitted to the State agency. This is to ensure that adequate information is available to perform the agency's monitoring, planning and evaluation functions. (See Standard III E for elements of information that will be required.) The following reports should be considered: (4) treatment plan within ninety days;	DSHS Manual G 54.36	Yes	

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III D b. The State agency should determine all reports that must be made by the local agencies and submitted to the State agency. This is to ensure that adequate information is available to perform the agency's monitoring, planning and evaluation functions. (See Standard III E for elements of information that will be required.) The following reports should be considered: (5) treatment progress reports every ninety days after the treatment plan is submitted and until the case is closed;	DSHS Manual G 54.36	Yes	
III D b. The State agency should determine all reports that must be made by the local agencies and submitted to the State agency. This is to ensure that adequate information is available to perform the agency's monitoring, planning and evaluation functions. (See Standard III E for elements of information that will be required.) The following reports should be considered: (6) final case report, either when the investigation determines that the report is unfounded or when treatment is terminated.	DSHS Manual G 54.32	Yes	
III D c. The local child protective service should also maintain a local child abuse and neglect index of all reported cases to monitor the timely and proper investigation and disposition of each case. The index should at least include: (1) initial reports;	DSHS Manual G 54.04	Yes	
III D c. The local child protective service should also maintain a local child abuse and neglect index of all reported cases to monitor the timely and proper investigation and disposition of each case. The index should at least include: (2) progress reports;	DSHS Manual G 54.12	Yes	

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III D c. The local child protective service should also maintain a local child abuse and neglect index of all reported cases to monitor the timely and proper investigation and disposition of each case. The index should at least include: (3) final reports.	DSHS Manual H 54.14	Yes	
III E a. The Central Register should be operated or administered by a unit of the State agency, which is designated to receive reports.	DSHS Manual H 54.26	Yes	
III E b. The Central Register should file and process reports for the entire State.	DSHS Manual H 54.26	Yes	
III E c. The system, whether manual or computerized, should be designed in such a manner that it can be determined within a few minutes, twenty-four hours a day and seven days a week, whether or not a prior report has been made on the same subject, a sibling, or about the same parents or caretakers.	DSHS Manual H 54.26 DSHS Manual G 54.56	Yes	
III E d. A record of all oral reports should be entered into the Central Register within twenty-four hours after receipt of the report by the State agency. This would include reports received from any source, i.e., mandatory reporters, permissive reporters, and anonymous reporters. (Reports concerning institutional child abuse and neglect should be handled in the same manner as all other reports.)	DSHS Manual G 54.36 DSHS Manual G 54.56 DSHS Form 2-142(x)	No	Substantiated cases entered within 5 days; but a "pending card" is filed upon notification

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III E e. The system should be designed and developed or modified so that the following conditions are satisfied: (1) it should be possible to add additional information to a record as the case (investigation and treatment) progresses, i.e., it should be possible and easy to correct erroneous information and to add additional information;	DSHS Manual G 54.56 DSHS Manual G 54.48 DSHS Forms: 14-139 (x) 14-152 (x) 4-88 (x) 4-114 (x)	Yes	
III E e. The system should be designed and developed or modified so that the following conditions are satisfied: (2) it should be possible to easily identify and extract specific elements of information so that a person does not have to read the entire record when only specific facts are needed;	DSHS Manual G 54.48 DSHS Manual G 54.56	Yes	
III E e. The system should be designed and developed or modified so that the following conditions are satisfied: (3) procedures should exist to check records for errors before the record is added to the main file;	DSHS Manual G 54.56	Yes	
III E e. The system should be designed and developed or modified so that the following conditions are satisfied: (4) records generated as a result of new reports on another incident for the same child should be added to the file and should not replace or cause the deletion of records about previous incidents;	DSHS Manual G 54.56	Yes	

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III E e. The system should be designed and developed or modified so that the following conditions are satisfied: (5) It should be possible to accommodate a rapid growth in the volume of records processed;	DSHS Manual G 54.56 DSHS Manual H 54.26	No	No mention growth potential
III E e. The system should be designed and developed or modified so that the following conditions are satisfied: (6) Information should be added to the records that can subsequently be used for statistical, analytical, or planning purposes.	DSHS Manual H 54.26 & 54.28	Yes	
III E f. Records in the Central Register should contain all key information about the child, the incident, the family, and the reporter. Detailed, descriptive, and explanatory information does not necessarily have to be present in the Central Register record; however, a cross-reference should exist to where this detailed information can be located.	DSHS Manual G 54.56c	Yes	
III E g. All records in the Central Register should contain an indicator which shows the status of the case, i.e., "under investigation," under care," "closed," or "unfounded" (removed from register).	DSHS Manual G 54.56b	Yes	

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III E h. In developing or improving a Central Register system, consideration should be given to designing records which contain the following information: (1) initial record generated from oral report: name, permanent address, age, sex, and race of suspected victim; present location of suspected victim, if different from permanent address; location where incident occurred; names of parents (and address if different from permanent address of child); name (and address if not a parent) of person who was reported as responsible for abuse or neglect; family composition, i.e., names, sex, and ages of siblings and other adults normally present; nature or category of suspected abuse or maltreatment; action taken by reporting source; reporter (with name and address if available); type of reporting source, e.g., mandatory (with category), permissive, or anonymous; date and time oral report received; local agency to which investigation has been assigned; status of case.	DSHS Manual H 54.26C	No	Following information omitted: race, incident location, family composition, action taken report source, reporter, type of reporter, date/time report received, agency assigned
III E h. In developing or improving a Central Register system, consideration should be given to designing records which contain the following information: (2) information to be added upon receipt of written report (if any): indication that written report is available and cross-reference to location of the report if applicable; date report received; corrections and additions, as necessary, to any information previously entered in the initial record.	DSHS Manual G 54.26A DSHS Form 2-142(x)	Yes	
III E h. In developing or improving a Central Register system, consideration should be given to designing records which contain the following information: (3) information to be added upon receipt of preliminary report on investigation: indication that report has been received and cross-reference to location of the report if applicable; date report received; any emergency action taken or emergency services being used if applicable.	DSHS Manual G 54.56A	No	Emergency action/services omitted

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III E h. In developing or improving a Central Register system, consideration should be given to designing records which contain the following information: (4) information to be added upon receipt of final investigation report: indication that report is available and cross-reference to location of the report if applicable; date report received; information on family status, i.e., economic status, marital status, etc.; correction to status of case to reflect investigative conclusions; corrections or additions to initial record such as names of each sibling.	DSHS Manual G 54.22 DSHS Form 2-142 (x)	No	Following information not provided: family status, economic status, marital status, names of siblings
III E h. In developing or improving a Central Register system, consideration should be given to designing records which contain the following information: (5) information to be added upon receipt of treatment plan: treatment services to be used and providers (for both the child and adults); estimated length of treatment; date treatment plan received.	DSHS Manual G 54.48 DSHS Forms: 14-139 (x) 14-152 (x)	Yes	
III E h. In developing or improving a Central Register system, consideration should be given to designing records which contain the following information: (6) information to be added upon receipt of each treatment progress report (if the State elects to maintain information on treatment progress): date report received and report number, i.e., progress report number one; cross-reference, if applicable, to detailed evaluation of treatment progress; additional services being used (from those given in plan) and providers; services which were not accepted by family or which have been discontinued; corrections, as necessary, to reflect any change in family status; corrections, as necessary, to estimated length of treatment.	DSHS Manual G 54.48	Yes	

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III E 1. The capability should exist, as part of the Central Register system, to produce reports on a regular basis. The purpose of these reports is to ensure that information in the Central Register is accurate and up to date and to ensure that the entire State-wide system is operating as designed. The following types of reports should be considered: (1) written reports due. This type of report could be produced on an exception basis, i.e., listing only those reports which are required and have not been received within the time period specified. The report could be arranged by local agency assigned the investigative responsibility, listing for each overdue report, the reporter's name and address;	DSHS Manual H 54.28 1.c	Yes	
III E 1. The capability should exist, as part of the Central Register system, to produce reports on a regular basis. The purpose of these reports is to ensure that information in the Central Register is accurate and up to date and to ensure that the entire State-wide system is operating as designed. The following types of reports should be considered: (2) overdue preliminary investigation reports. Likewise, this report could be produced on an exception basis. It would be organized by local agency assigned the investigation responsibility. Using this report, the State agency could check with all listed local agencies about all reports within their jurisdiction that were overdue;	DSHS Manual G 54.56 A.4	Yes	
III E 1. The capability should exist, as part of the Central Register system, to produce reports on a regular basis. The purpose of these reports is to ensure that information in the Central Register is accurate and up to date and to ensure that the entire State-wide system is operating as designed. The following types of reports should be considered: (3) overdue final investigation reports. This report would be organized in the same manner and contain the same information as the overdue preliminary report, except that it would list only those final reports that were overdue;	DSHS Manual G 54.56 A.4	Yes	

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III E 1. The capability should exist, as part of the Central Register system, to produce reports on a regular basis. The purpose of these reports is to ensure that information in the Central Register is accurate and up to date and to ensure that the entire State-wide system is operating as designed. The following types of reports should be considered: (4) notice of missing information. After records have been updated with data from the final investigation report, a check should be performed to determine if any required elements of information are missing. The purpose of this report is to cite those records which are not complete so that appropriate follow-up can be done;	DSHS Manual G 54.56 A.6	Yes	
III E 1. The capability should exist, as part of the Central Register system, to produce reports on a regular basis. The purpose of these reports is to ensure that information in the Central Register is accurate and up to date and to ensure that the entire State-wide system is operating as designed. The following types of reports should be considered: (5) notice of "unfounded" records deleted from file. The purpose of this report is to provide a verification that all records that should have been removed from the file have, in fact, been removed. This report can also serve as a check that records which should remain in the file have not, in error, been removed;	DSHS Manual G 54.56 A.5	Yes	
III E 1. The capability should exist, as part of the Central Register system, to produce reports on a regular basis. The purpose of these reports is to ensure that information in the Central Register is accurate and up to date and to ensure that the entire State-wide system is operating as designed. The following types of reports should be considered: (6) overdue treatment plan report;	DSHS Manual G 54.56	No	Not part C.R.

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III E i. The capability should exist, as part of the Central Register system, to produce reports on a regular basis. The purpose of these reports is to ensure that information in the Central Register is accurate and up to date and to ensure that the entire State-wide system is operating as designed. The following types of reports should be considered: (7) overdue treatment progress reports (if information is kept on treatment progress).	DSHS Manual G 54.56	No	Not part C.R.
III E j. The system should also be designed so that special reports can be produced on a periodic basis. In order to minimize the problems of confidentiality, selected fields of information should be extracted from the records (or from a sample of the records) so that the data used to prepare these special reports does not contain specific identifying information. Consideration should be given to the following types of special reports: (1) statistical reports which show such things as incidence rates, geographic distribution of incidence, family characteristics, recidivism rates, etc.	DSHS Manual H 54.28 1.c	No	Types of reports not specified
III E j. The system should also be designed so that special reports can be produced on a periodic basis. In order to minimize the problems of confidentiality, selected fields of information should be extracted from the records (or from a sample of the records) so that the data used to prepare these special reports does not contain specific identifying information. Consideration should be given to the following types of special reports: (2) management information reports which provide information on such things as: case load by local agency, total number of overdue reports for a given period of time, if any, for each local agency, fluctuations in volume of reports received by geographic subdivision, etc. Such information can be used to analyze overall staff, budget, and program requirements.	DSHS Manual H 54.28 1.c	No	Types of reports not specified

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III E j. The system should also be designed so that special reports can be produced on a periodic basis. In order to minimize the problems of confidentiality, selected fields of information should be extracted from the records (or from a sample of the records) so that the data used to prepare these special reports does not contain specific identifying information. Consideration should be given to the following types of special reports: (3) reports, to assist in planning for new or improved programs, which convey such information as: treatment services selected, with frequency of use, by category of abuse or neglect; range of treatment time required by category of abuse or neglect; number of reports received by type of reports to assist in analyzing training and education needs; etc.	DSHS Manual H 54.28 1.c	No	Types of reports not specified
III E k. All reports and records which contain identifying information regarding the suspected victim of abuse or neglect, the parents or other adults cited in the report, or the reporter should be confidential.	DSHS Manual H 54.26c WAC 388-48-010-100	Yes	
III E l. Access to these confidential reports and records or the release of information from them should be defined and strictly controlled. The appropriate restrictions, controls, and penalties should be disseminated to the Central Register staff and any other department, center, agency, or individual who has defined responsibility for dealing with information and cases of child abuse and neglect. (See Standard III F on confidentiality.)	DSHS Manual G 54.56 B.1 RCW 26.44.070 WAC 388-16-525 RCW 26.44.080	Yes	

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III E m. In order to protect the rights of individuals cited in reports the following procedures should be adopted: (1) records and reports on cases which are not determined, through investigation, to be "founded" should be removed from the Central Register files;	DSHS Manual G 54.56 A.5 DSHS Manual G 54.10 Pro- cedure 10	Yes	
III E m. In order to protect the rights of individuals cited in reports the following procedures should be adopted: (2) records and reports on cases which have been closed should be removed from the Central Register files no later than five years after the close of the case. If, however, an additional report is made on the same child, sibling, offspring, or concerning the same family, records of "closed" cases should be retained for a period of five years <u>after such subsequent report</u> ;	WAC 388-16-540 DSHS Manual G 54.48	No	Expunged and sealed after six years
III E m. In order to protect the rights of individuals cited in reports the following procedures should be adopted: (3) the Central Register should be authorized to amend or remove any records upon good cause shown and upon proper notice to affected individuals or agencies.	DSHS Manual G 54.56 E.5	Yes	
III F a. It should be a misdemeanor to permit, assist, or encourage the release of any data or information contained in reports or records maintained by the Central Register to persons or agencies not permitted by law to have such access.	RCW 26.44.070	Yes	
III F b. No person, official, or agency should have access to Central Register records except the following under specific circumstances: (1) a local child protective service in the furtherance of its responsibilities;	DSHS Manual G 54.56	No	Any person whose name appears on registry has access to own records

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III F b. No person, official, or agency should have access to Central Register records except the following under specific circumstances: (2) an authorized police or law enforcement agency investigating a report of known or suspected child abuse or neglect;	DSHS Manual G 54.56	No	Any person whose name appears on registry has access to own records
III F b. No person, official, or agency should have access to Central Register records except the following under specific circumstances: (3) an authorized physician who has before him a child whom he reasonably suspects may be abused or neglected;	DSHS Manual G 54.56	No	Any person whose name appears on registry has access to own records
III F b. No person, official, or agency should have access to Central Register records except the following under specific circumstances: (4) a person legally authorized to place a child in protective custody when such person requires the information in the report or record to determine whether to place the child in protective custody;	DSHS Manual G 54.56	No	Any person whose name appears on registry has access to own records
III F b. No person, official, or agency should have access to Central Register records except the following under specific circumstances: (5) an agency having the legal responsibility or authorization to care for, treat, or supervise a child or a parent, guardian, or other person responsible for the child's welfare who is the subject of a report;	DSHS Manual G 54.56	No	Any person whose name appears on registry has access to own records

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III F b. No person, official, or agency should have access to Central Register records except the following under specific circumstances: (6) any subject of the report or, if the subject of the report is a minor or is otherwise legally incompetent, his general guardian, guardian ad litem, or attorney, unless: (a) allowing access to such records would be harmful to the subject of the report;	DSHS Manual G 54.56	No	Any person whose name appears on registry has access to own records
III F b. No person, official, or agency should have access to Central Register records except the following under specific circumstances: (6) any subject of the report or, if the subject of the report is a minor or is otherwise legally incompetent, his general guardian, guardian ad litem, or attorney, unless: (b) allowing access to such records would be harmful or detrimental to the interests of the person who, in good faith, made a report or cooperated in a subsequent investigation. In that case the name of the reporter, and anything in the record which might lead to the discovery of his identity, should be expunged from the copy of the record given to the subject.	DSHS Manual G 54.56	No	Any person whose name appears on registry has access to own records
III F b. No person, official, or agency should have access to Central Register records except the following under specific circumstances: (7) a court, upon its findings that access to such records may be necessary for the determination of an issue before such court, but such access should be limited to in camera inspection, unless the court determines that public disclosure of the information contained therein is necessary for the resolution of an issue then pending before it;	DSHS Manual G 54.55	No	Any person whose name appears on registry has access to own records

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GUIDELINE IDENTIFICATION/GUIDELINE	SOURCE	CONFORM/ NOT CONFORM	SPECIFY IN WHAT WAYS NOT CONFORM
III F b. No person, official, or agency should have access to Central Register records except the following under specific circumstances: (8) a grand jury, upon its determination that access to such records is necessary in the conduct of its official business;	DSHS Manual G 54.56	No	Any person whose name appears on registry has access to own records
III F b. No person, official, or agency should have access to Central Register records except the following under specific circumstances: (9) any appropriate state or local official responsible for administration, supervision, or legislation in relation to the prevention or treatment of child abuse or neglect when carrying out his official functions;	DSHS Manual G 54.56	No	Any person whose name appears on registry has access to own records
III F b. No person, official, or agency should have access to Central Register records except the following under specific circumstances: (10) any person engaged in bona fide research purposes; provided, however, that no information identifying the subjects of the report shall be made available to the researcher unless it is absolutely essential to the research purpose, suitable provision is made to maintain the confidentiality of the data, and the head of the State or local department gives his prior written approval.	DSHS Manual G 54.56	No	Any person whose name appears on registry has access to own records
III F c. A summary of the findings made and actions taken by the local child protective service in response to a mandatory report should be given to the person who made the report.	DSHS Manual G 54.08	Yes	

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III F d. Permissive reporters should be informed of the general disposition of the report.	DSHS Manual G 54.08	Yes	
III F e. The confidentiality Guidelines should not affect existing policies and procedures concerning the status of court and criminal justice system records.	WAC 388-16-525	Yes	
III F f. The State should establish a procedure by which the names of subjects of a report may be expunged from local agency files in cases of non-institutional abuse and neglect, as well as other appropriate actions.	DSHS Manual G 54.48	Yes	
III G a. The public education program should utilize all media, e.g., newspapers, billboard advertising, television, radio, and public speakers, to disseminate information on a regular and planned basis.	State CA/N Program Manager DSHS	No	Does not utilize all media (relies on regular, monthly, periodical, and personal contact)
III G b. Information conveyed to the general public should address: (1) the nature, problems, and extent of child abuse and neglect;	"	No	Extent of CA/N not conveyed
III G b. Information conveyed to the general public should address: (2) indicators and characteristics of children at risk;	"	Yes	

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III G b. Information conveyed to the general public should address: (3) the desirability and methods for individuals to obtain assistance in meeting their parental responsibilities;	State CA/N Program Manager DSHS	Yes	
III G b. Information conveyed to the general public should address: (4) the necessity of reporting suspicions of child abuse and neglect;	"	Yes	
III G b. Information conveyed to the general public should address: (5) the methods of reporting suspicions, including as applicable, wide publicity on the existence and number of the twenty-four hour, State-wide, toll-free telephone service;	"	Yes	
III G b. Information conveyed to the general public should address: (6) the penalty for failing to report if mandated to do so.	"	Yes	
III G c. Public relations activities should focus on improving the coordination and cooperation of all agencies, groups, and professions involved in child abuse and neglect. These activities should also be directed to improving and maintaining good press relations; obtaining necessary financial support for new and improved efforts and programs; and obtaining or improving appropriate legislation.	"	No	Does not focus on coordination

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III G d. The State agency should be responsible for compiling and publishing training and education materials for use by counties and communities throughout the State. The development of these materials and programs should be coordinated with the local agencies designated to provide child protective services.	State CA/N Program Manager DSHS	Yes	
III G e. Training and education should be available for all disciplines which are or should be involved in the prevention and treatment of child abuse and neglect. (1) Generalized, multi-disciplinary courses and seminars should be provided to increase the understanding of the roles that different professions have, and to increase cooperation and coordination between individuals from different disciplines.	"	Yes	
III G e. Training and education should be available for all disciplines which are or should be involved in the prevention and treatment of child abuse and neglect. (2) Specialized courses and seminars also need to be provided for specific disciplines to provide in-depth information on such things as: the identification of child abuse and neglect, legal reporting requirements, the need to report, the procedures for reporting, interviewing techniques, and court procedures.	"	Yes	
III G f. Pamphlets, manuals, and speakers at professional associations and appropriate civic groups should be available to supplement training and education courses.	"	Yes	

GUIDELINE IDENTIFICATION/GUIDELINE	SOURCE	CONFORM/ NOT CONFORM	SPECIFY IN WHAT WAYS NOT CONFORM
III G g. The State agency should work with the local agencies and the local Community Child Protection Coordinating Committees to evaluate the impact and effectiveness of the local public education campaigns, public relations, and training and education program. This will require that certain records and information be collected and maintained for subsequent analysis and evaluation, i.e., frequency of media coverage, speeches made, materials disseminated, attendance in courses, etc.	State CA/N Program Manager DSHS	No	No attempt to evaluate impact
III H a. The Special Unit should develop needs assessment strategies, instruments, and plans for use by counties and communities in the State to: (1) assess the availability and adequacy of existing programs and services; (2) assess needs that are not being met; and (3) identify problems in providing or coordinating services that need to be resolved. In designing these needs assessment instruments and strategies, emphasis should be placed on collecting information that will facilitate the formulation of research, evaluation and demonstration priorities and plans.	State Child Protective Services Specialist	No	Title XX plan is the planning tool which is based on input from the community and regional offices but the state does not have a special unit to carry out objectives as stated in a through c. One part-time employee from the Research Unit DSHS is responsible for all of the children's programs
III H b. The Special Unit should coordinate their overall, State-wide information requirements with the Central Register system staff in order: (1) to ensure that the information useful for developing plans and strategies is available; (2) to encourage, to the extent feasible and practical, the routine maintenance of data in the Central Register system and the preparation of special reports which would be beneficial for research and evaluation purposes; and (3) to have information available which will permit some generalized analysis and evaluation by the Unit on such things as variations in reporting in different areas or counties of the State, caseload variations, ratio of caseload to staff, etc.		No	Again, there is no special research unit, therefore, there presently is no single effort to coordinate state-wide information needs. However, their goal is to purchase an information system. a. the present centralized information system does not contain information adequate for planning purposes b. no staff, no information appropriate to attain this objective c. the CPS data gathering staff consists of one clerk whose time is also allocated to clerical duties-- information is summarized on an irregular basis only when necessary

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III H c. The State agency, through the Special Unit, should strive to minimize duplication of effort by developing research, evaluation, and demonstration program priorities and associated short and long-range plans for dissemination to all interested individuals and groups. In developing these priorities and plans, consideration should be given to needs assessment results and to counties' and communities' recommendations on areas that should be emphasized. And, efforts should be made to obtain information and recommendations from a variety of individuals and groups who are actively concerned with the prevention and treatment of child abuse and neglect.	State Child Protective Services Specialist	No	No special unit. This sub-standard assumes that the State CPS Unit or the State Research Unit has some control over the Regional offices with regard to planning and research. DSHS has decentralized its administrative responsibilities and this function has not been clearly delineated or assigned to any one unit at the State or Regional level.
III H d. To clarify the research priorities and plans, statements of research objectives should be prepared. To support the plan for evaluations, the Unit should develop statements of evaluation requirements which clearly delineate such things as: the purpose of the evaluation; specifically what program(s) or program component(s) is to be evaluated; a description of the program or program component and the status of the program, i.e., whether it is an experimental demonstration program or an operational program; the time period during which the evaluation is to be conducted; and a summary of the proposed effort which discusses the additional knowledge that is needed, any specific methodology that should be used, etc.	"	No	This program unit has met with the part-time research analyst from the Research Unit of DSHS. However, the statement of research objectives has not been delineated. Standards H a-e will be included if any evaluation efforts are mounted.
III H e. The Unit should also establish: (1) guidelines for the content and format of research, evaluation, and demonstration proposals; and (2) quality-control standards and guidelines for use by projects, particularly State-funded projects, in such things as the preparation of reports which document results, etc. The purpose of these guidelines is to facilitate comparison of proposals and comparison of results.	"	No	The demonstration, evaluation and research efforts do operate with prescribed guidelines. However, these guidelines are related to Human Subjects review compliance and there is no mechanism built in for comparative analyses. Also, a special unit is not available to monitor these projects after HSR is attained.

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III H f. A review panel, composed of experts who can represent the viewpoints and perspectives of consumers, programs, and the private sector should be established. The purpose of this panel would be to review proposals, make recommendations to the Unit regarding the award of grants and contracts, and as appropriate assist in the assessment of results.	State Child Protective Services Specialist	No	Review panels are initiated with each research project but there is no one single panel which reviews all grants and projects.
III H g. All State-funded research, evaluation and demonstration projects should be monitored by the Special Unit for compliance with the quality-control standards and guidelines. And, personnel in the Unit should work with other projects in the State to encourage the adoption of the State established standards and guidelines in order to facilitate the overall assessment of results.	"	No	This standard is followed occasionally but the continual organizational changes have not allowed for any continuity.
III H h. The State agency Special Unit should have personnel who are qualified to assess research, evaluation, and demonstration results in terms of the benefits of the findings and the manner in which these findings can be translated into operational improvements for child abuse and neglect programs in the State. As part of the overall assessment of results the Unit should: (a) sponsor demonstration projects on a pilot basis to test promising research results; (b) check results against the research, evaluation, and demonstration plans and priorities and modify them as necessary; and (c) make recommendations to other agencies based on results about changes or standards that could or should be adopted.	"	No	Since there is no special unit, the program director must perform this function with the aid of a program specialist. These two individuals currently must allocate their time to program implementation functions and consequently are not permitted to carry out these objectives in the detail required by the standards.

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III H i. Research and evaluation results (both from research conducted within the State as well as any other applicable results that come to the attention of the unit) should be publicly announced, routinely disseminated to those individuals and groups who request such routine receipt of results, and disseminated to others, as appropriate, when an inquiry is received.	State Child Protective Services Specialist	Yes	
III H j. To stimulate the utilization of applicable research, demonstration, and evaluation results, the Unit should conduct workshops and seminars and provide technical assistance and consultation to programs. Factors to be addressed should include such things as: the relationship between the needs or problems identified during needs assessment studies and the results; the benefits that the research, evaluation, or demonstration results could have to a program; and the requirements and approaches that are pertinent to implementing resultant findings.	"	Yes	
III I a. The Governor should appoint the chairman and members of a "statewide citizen's committee on child abuse and neglect."	"	No	Governor does not appoint chairperson; no state organized citizens' committee
III I b. The members of the committee should be individuals of distinction in human services, law, and community life, broadly representative of all social and economic communities across the State.	"	No	Members of "State-wide Coalition" (loose knit voluntary group) not broadly representative

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III I c. The members of the committee should be appointed for three-year staggered terms.	State Child Protective Services Specialist	No	Members are not appointed
III I d. The committee should adopt procedures detailing the committee's functions and role within the State. These should include: (1) consulting and advising the Governor, and the State child abuse and neglect coordinating committee;	"	No	Has not adopted procedures specifying functions
III I d. The committee should adopt procedures detailing the committee's functions and role within the State. These should include: (2) conferring with any individuals, groups and agencies;	"	No	Has not adopted procedures specifying functions
III I d. The committee should adopt procedures detailing the committee's functions and role within the State. These should include: (3) coordinating programs jointly sponsored by State agencies, or by State agencies and local agencies or organizations, and encouraging cooperation among them;	"	No	Has not adopted procedures specifying functions
III I d. The committee should adopt procedures detailing the committee's functions and role within the State. These should include: (4) advocating and publicizing state legislation related to protective services;	"	No	Has not adopted procedures specifying functions

GUIDELINE IDENTIFICATION/GUIDELINE	SOURCE	CONFORM/ NOT CONFORM	SPECIFY IN WHAT WAYS NOT CONFORM
III I d. The committee should adopt procedures detailing the committee's functions and role within the State. These should include: (5) encouraging that the efforts of all local programs and procedures be coordinated statewide;	State Child Protective Services Specialist	No	Has not adopted procedures specifying functions
III I d. The committee should adopt procedures detailing the committee's functions and role within the State. These should include: (6) coordinating statewide public relations and public education and awareness efforts;	"	No	Has not adopted procedures specifying functions
III I d. The committee should adopt procedures detailing the committee's functions and role within the State. These should include: (7) issuing reports or recommendations and, possibly, statements to the press on any aspect of child abuse;	"	No	Has not adopted procedures specifying functions
III I d. The committee should adopt procedures detailing the committee's functions and role within the State. These should include: (8) studying the feasibility of implementing services that might benefit abused or neglected children or families at risk that are not presently being utilized;	"	No	Has not adopted procedures specifying functions
III I d. The committee should adopt procedures detailing the committee's functions and role within the State. These should include: (9) examining existing policies and programs that might be hampering the treatment of abused and neglected children.	"	No	Has not adopted procedures specifying functions

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III I e. The chairman and members of the committee should serve without compensation, although their travel and per diem expenses should be reimbursed.	State Child Protective Services Specialist	No	Travel and per diem expenses are not reimbursed

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IV A a. If the child protective service is denied reasonable access to the child by the parents or other persons, and the service deems that the best interest of the child so requires, it should seek an appropriate court order or other legal authority to see the child.	Local CPS Supervisor	Yes	
IV A b. The local agencies should be able to make an emergency investigation seven days a week, twenty-four hours a day.	Local CPS Supervisor	Yes	
IV A c. Capability should exist for the local agencies to provide, purchase or arrange for emergency children's services. This should include adequate arrangements for protective custody.	Region IV Policy/Procedures for CPS I.B.	Yes	
IV A d. Whenever a child is in imminent danger of harm, the local agency should be able to take action in an emergency, utilizing available services, regardless of the time of day.	Local CPS Supervisor	Yes	
IV A e. A preliminary investigation and assessment should be concluded within seven days after the report was received.	"	No	Can continue until complete--up to 60 days.

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IV A f. If a law enforcement investigation is contemplated or in progress, the child protective service should attempt to coordinate its efforts.	DSHS Manual H 54.20 (4)	Yes	
	*WAC 388-16-500 (2) (c)		
IV A g. (1) A determination of the validity of the report should be completed within sixty days after it was made.	DSHS Manual H 54.28 (1) g & h		
	Local CPS Supervisor	Yes	
IV A g. (2) The local agency should, in unusual circumstances, have the option of extending an investigation for another thirty days if concurrence is obtained from the State agency.	Local CPS Supervisor	Yes	
IV B a. The training of child protective workers should emphasize that the major purposes of an investigation are to: (1) determine whether or not the child is safe and not in any imminent danger;	State CPS Training Curriculum	Yes	
IV B a. The training of child protective workers should emphasize that the major purposes of an investigation are to: (2) determine the accuracy of the report;	"	Yes	
IV B a. The training of child protective workers should emphasize that the major purposes of an investigation are to: (3) determine whether any other children, under the same care as the child mentioned in the report, are in danger of abuse or neglect;	"	Yes	

*WAC = Washington Administrative Code

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IV B a. The training of child protective workers should emphasize that the major purposes of an investigation are to: (4) assess the child's (or children's) and parents' need for emergency or immediate services.	State CPS Training Curriculum	Yes	
IV B b. All child protective workers assigned to investigate reported, suspected cases of child abuse and neglect should be aware that their role is primarily to protect the child and secondarily to develop a casework relationship with the family.	"	Yes	
IV B c. Each worker should be informed about and actively support the authority and responsibility of the agency to: (1) protect children;	"	Yes	
IV B c. Each worker should be informed about and actively support the authority and responsibility of the agency to: (2) assess the need and arrange for both emergency and long-term services to reduce or remove the threat of abuse and neglect;	"	Yes	
IV B c. Each worker should be informed about and actively support the authority and responsibility of the agency to: (3) take the necessary legal action when change is not possible and when there is a real hazard to the child.	"	Yes	

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IV B d. Procedures should exist to waive the investigation when a professional or another social agency is already providing treatment to the family, and: (1) the protective and service needs of the child and family can be met by the agency or individual;	State CPS Training Curriculum	No	This procedure is not allowed in Washington State so, of course, it would not be included in staff training.
IV B d. Procedures should exist to waive the investigation when a professional or another social agency is already providing treatment to the family, and: (2) the agency or individual agrees to attempt to do so;	"	No	This procedure is not allowed in Washington State so, of course, it would not be included in staff training.
IV B d. Procedures should exist to waive the investigation when a professional or another social agency is already providing treatment to the family, and: (3) suitable safeguards are established and observed, including: (a) agreement from the agency or individual to report periodically on the status of the family; (b) agreement to report immediately to the local service when the child's safety or well-being is threatened despite the agency's or individual's efforts; and (c) periodic monitoring of the agency's or individual's efforts by the local service for a reasonable period of time.	"	No	This procedure is not allowed in Washington State so, of course, it would not be included in staff training.
IV B e. Specifically defined procedures should exist, and each protective worker should be trained to follow such procedures for placing a child in protective custody. (See Standard IV F and Section VIII for specifics.)	State CPS Training Curriculum	Yes	

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IV B f. In any case which involves the death of a child, the child protective worker should be aware of the necessity of immediately notifying, by telephone, the appropriate district attorney and medical examiner or coroner.	State CPS Training Curriculum	Yes	
IV B g. Training should be provided on the procedures for obtaining a medical assessment of a child and, when appropriate, for obtaining a psychological evaluation of the parent(s) and child.	"	Yes/No	Medical assessment, <u>but not</u> psychological assessment.
IV B h. Standardized forms, for documenting information collected during investigations, should be reviewed and explained to all child protective workers who will be assigned to investigate reports.	"	Yes	
IV B i. Investigative information and evidence should be gathered and recorded with great care as if it were going to be tested in the rigors of a court trial. To the extent feasible, the information collected should be concrete and specific.	"	Yes	
IV B j. All information collected, through interviews or other methods, should be considered confidential. The confidentiality of interviews should be particularly stressed when individuals outside the family are seen so that gossip about the family is discouraged.	"	Yes	

GUIDELINE IDENTIFICATION/GUIDELINE	SOURCE	CONFORM/ NOT CONFORM	SPECIFY IN WHAT WAYS NOT CONFORM
IV B k. All child protective workers should be trained in interviewing techniques with emphasis on those approaches and techniques that are needed in interviewing parents involved in a suspected case of child abuse and neglect. This training should include: (1) establishing a cooperative atmosphere through such things as showing honest respect for the parents and their capabilities, honest and forthright behavior, and sympathetic and non-judgmental listening.	State CPS Training Curriculum	Yes	
IV B k. All child protective workers should be trained in interviewing techniques with emphasis on those approaches and techniques that are needed in interviewing parents involved in a suspected case of child abuse and neglect. This training should include: (2) informing parents of their rights and of the fact that collateral interviews will take place. (See Standard IV E for specifics about the rights of parents and children.)	"	Yes	
IV B k. All child protective workers should be trained in interviewing techniques with emphasis on those approaches and techniques that are needed in interviewing parents involved in a suspected case of child abuse and neglect. This training should include: (3) obtaining facts about the alleged incident of child abuse and neglect.	"	Yes	
IV B k. All child protective workers should be trained in interviewing techniques with emphasis on those approaches and techniques that are needed in interviewing parents involved in a suspected case of child abuse and neglect. This training should include: (4) soliciting information about how the parents perceive themselves, each other, the child in question, other siblings, and information on the parents' knowledge and skills about child rearing.	"	Yes	

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IV B k. All child protective workers should be trained in interviewing techniques with emphasis on those approaches and techniques that are needed in interviewing parents involved in a suspected case of child abuse and neglect. This training should include: (5) detecting similarities in multiple interviews which would tend to make the alleged incident indicated or not indicated, and detecting contradictions and inconsistencies in multiple interviews.	State CPS Training Curriculum	No	Multiple interviews <u>not</u> an explicitly indicated procedure.
IV B k. All child protective workers should be trained in interviewing techniques with emphasis on those approaches and techniques that are needed in interviewing parents involved in a suspected case of child abuse and neglect. This training should include: (6) using the content and context of interviews with people outside the family in assessing the additional questions that should be asked the family and in assessing their reactions.	"	No	Multiple interviews <u>not</u> an explicitly indicated procedure.
IV B l. Protective workers should also be given training in what to observe or look for in the home, the family dynamics, and the condition and reactions of the child and his siblings and how to interpret these observations.	"	Yes	
IV C a. One person should be given responsibility for the investigation. This person should be informed about all information in the report and all other sources.	Local CPS Supervisor	Yes	

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IV C b. The referral and/or reporting source should be contacted for any additional information that can be provided, with emphasis on information which may indicate that an emergency investigation should be started. (This action will also provide feedback that the report is being investigated.)	DSHS Manual G 54.08	Yes	
IV C c. Information on prior occurrences of abuse and neglect to the subject child, his siblings, or others in the family should be obtained from the Central Register (if it was not transmitted at the time that a case was assigned by the State agency to the local agency for investigation). Except in extreme emergencies this information should be obtained and reviewed prior to interviewing the parents or visiting the home.	DSHS Manual G 54.10	Yes	
IV C d. The child protective worker assigned to the investigation should see the child and ensure that the child is safe and not in any imminent danger.	DSHS Manual G 54.20	Yes	
IV C e. An assessment should be made as soon as possible of the child's home situation, through a visit to the home and through interviews with the parents, caretakers, and others, such as an examining physician, who can be expected to provide pertinent information.	Local CPS Supervisor	Yes	
IV C f. When appropriate, a medical assessment should be obtained. And, if it is felt that the child or his siblings may be in danger, arrangements should be made to utilize the appropriate emergency services and/or place (or retain) the child (children) in protective custody.	DSHS Manual H 54.20 (2) Local CPS Supervisor	Yes	

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IV C g. If there is doubt about whether the report is unfounded, or whether the report requires additional investigation, the case should be reviewed with the Interdisciplinary Team. (See Standard V B for additional information on the <u>Interdisciplinary Team</u> .)	Local CPS Supervisor	Yes	
IV C h. If the child protective service determines that the report is unfounded, it should: (1) close the case;	Region IV Policy/Procedure for CPS	Yes	
IV C h. If the child protective service determines that the report is unfounded, it should: (2) if appropriate, offer services that it thinks could benefit the child or family, for the family's voluntary acceptance or refusal.	VIII A Legislative Declaration WAC 388-16-512	Yes	
IV D a. Social service sources who are known to have had contact with the family or child as well as sources that the protective worker assesses may have worked with the family should be contacted in order to obtain information. The purposes of this are: (1) to coordinate the provision of existing services with any additional services that may be needed; and (2) to obtain additional background information about the child and family. All information obtained from these sources should be considered confidential.	Local CPS Supervisor	Yes	
IV D b. Additional interviews should be held with the family, as appropriate with the child and his siblings, and with others who may have had contact with the family such as: relatives; neighbors; teachers; and medical and mental health personnel.	DSHS Manual G 54.12	Yes	

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IV D c. The safety of the child should be continually assessed during the entire course of the investigation and as appropriate reviewed with the Interdisciplinary Team so that any necessary action can be taken to return the child to the family or remove the child.	Local CPS Supervisor	No	No interdisciplinary team.
IV D d. The service and treatment needs of the family should be identified and evaluated in terms of the overall benefits that may accrue. Particular attention should be given to those needs which require immediate attention.	"	Yes	
IV D e. Information obtained during this investigation should be documented using the standardized forms developed by the State agency. This is: (1) to ensure that all necessary information is obtained in an objective manner; (2) facilitate review and assessment of the investigation; and (3) minimize duplication of information gathering through initially collecting data in a form that will be useful to service agencies who subsequently come into contact with the family.	"	Yes	
IV D f. During the course of the investigation, the worker assigned to the case should confer with other members of the child protective unit so that experience gained by different members is shared and various options and alternatives can be reviewed.	"	Yes	
IV D g. When it is judged to be appropriate, by the worker assigned to the case and by the supervisor, the investigative progress and findings should be reviewed by the <u>Interdisciplinary Team</u> . (See Standard V B.)	"	No	There is no interdisciplinary team.

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IV E a. General oral advice given by the investigatory authority should include: (1) the nature of the investigation;	WAC 388-16-512 DSHS Manual G 54.22	Yes	
IV E a. General oral advice given by the investigatory authority should include: (2) the investigatory authority's responsibilities;	Local CPS Supervisor	Yes	
IV E a. General oral advice given by the investigatory authority should include: (3) the fact that the parent, guardian, or other person responsible can refuse services;	"	Yes	
IV E a. General oral advice given by the investigatory authority should include: (4) the fact that court action may result.	"	Yes	
IV E b. Advice concerning legal assistance and rights given by the investigatory authority should include: (1) the right of the adults to consult legal counsel at every stage of the investigation or proceeding;	"	Yes	
IV E b. Advice concerning legal assistance and rights given by the investigatory authority should include: (2) the fact that statements made to the investigator and evidence concerning home conditions may be introduced at court hearings;	Local CPS Supervisor	No	Not specified that home conditions may be used in court.

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IV E b. Advice concerning legal assistance and rights given by the investigatory authority should include: (3) the right to a court hearing prior to removal of the child except under emergency conditions.	Local CPS Supervisor	Yes	
IV E c. Written notification given by the investigatory authority should include: (1) the existence of the report of abuse and neglect;	DSHS Manual G 54.22	Yes	
IV E c. Written notification given by the investigatory authority should include: (2) the adult's rights in regard to the sealing, amendment, or expungement of the report and related records.	Local CPS Supervisor	No	No expungement information is given verbally regarding where information kept and Central Registry.
IV F a. The investigatory authority, a police or law enforcement officer, or a physician treating a child should place a child in protective custody if: (1) there is reason to believe that there exists an imminent danger to the child's life or health; and (2) there is no time to apply for a court order.	DSHS Manual H 54.20 (4)	Yes	
IV F b. A person in charge of a hospital or similar medical institution should be empowered to retain custody of a child reasonably suspected to be abused or neglected until the next day.	Local CPS Supervisor	Yes	

GUIDELINE IDENTIFICATION/GUIDELINE	SOURCE	CONFORM/ NOT CONFORM	SPECIFY IN WHAT WAYS NOT CONFORM
IV F c. A child placed in protective custody should be taken to a place designated for this purpose by State statute or the juvenile court; such place should not be a jail or other secure facility used for the detention of criminal or juvenile offenders.	Local CPS Supervisor	Yes	
IV F d. Any person taking a child into protective custody should immediately notify the appropriate local child protective service.	"	Yes	
IV F e. When a child is placed in protective custody, the parents or other person responsible for the child should immediately be served with written notification detailing: (1) the reason for removal;	"	No	Done verbally.
IV F e. When a child is placed in protective custody, the parents or other person responsible for the child should immediately be served with written notification detailing: (2) the location where the child is placed, <u>except when inappropriate;</u>	"	No	Usually considered inappropriate.
IV F e. When a child is placed in protective custody, the parents or other person responsible for the child should immediately be served with written notification detailing: (3) the date, time and place of the court hearing;	"	Yes	

GUIDELINE IDENTIFICATION/GUIDELINE	SOURCE	CONFORM/ NOT CONFORM	SPECIFY IN WHAT WAYS NOT CONFORM
IV F e. When a child is placed in protective custody, the parents or other person responsible for the child should immediately be served with written notification detailing: (4) the right of the parent to consult legal counsel and, if appropriate, the right to be assigned counsel by the court.	Local CPS Supervisor	Yes	
IV F f. If a parent or other person responsible for the child is not present when the child is placed, the agency effecting removal should attempt to locate and serve the adult(s) immediately.	"	Yes	
IV F g. Whenever a child has been placed in protective custody a court hearing should be held on the next court day, so that: (1) the child protective service can commence a child protection proceeding or recommend that one not be commenced;	"	Yes	
IV F g. Whenever a child has been placed in protective custody a court hearing should be held on the next court day, so that: (2) the court may order the commencement of a proceeding even if the service recommends against doing so, if it finds that such a proceeding would be in the best interests of the child and community.	"	Yes	

GUIDELINE IDENTIFICATION/GUIDELINE	SOURCE	CONFORM/ NOT CONFORM	SPECIFY IN WHAT WAYS NOT CONFORM
IV A a. If the child protective service is denied reasonable access to the child by the parents or other persons, and the service deems that the best interest of the child so requires, it should seek an appropriate court order or other legal authority to see the child.	Local CPS Supervisor Local DSHS Supervisor	Yes	
IV A b. The local agencies should be able to make an emergency investigation seven days a week, twenty-four hours a day.	"	Yes	
IV A c. Capability should exist for the local agencies to provide, purchase or arrange for emergency children's services. This should include adequate arrangements for protective custody.	"	Yes	
IV A d. Whenever a child is in imminent danger of harm, the local agency should be able to take action in an emergency, utilizing available services, regardless of the time of day.	"	Yes	
IV A e. A preliminary investigation and assessment should be concluded within seven days after the report was received.	"	Yes	

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IV A f. If a law enforcement investigation is contemplated or in progress, the child protective service should attempt to coordinate its efforts.	DSHS Manual H 54.20	Yes	
IV A g. (1) A determination of the validity of the report should be completed within sixty days after it was made.	Local CPS Supervisor	Yes	
IV A g. (2) The local agency should, in unusual circumstances, have the option of extending an investigation for another thirty days if concurrence is obtained from the State agency.	"	Yes	
IV B a. The training of child protective workers should emphasize that the major purposes of an investigation are to: (1) determine whether or not the child is safe and not in any imminent danger;	State CPS Training Curriculum	Yes	
IV B a. The training of child protective workers should emphasize that the major purposes of an investigation are to: (2) determine the accuracy of the report;	"	Yes	
IV B a. The training of child protective workers should emphasize that the major purposes of an investigation are to: (3) determine whether any other children, under the same care as the child mentioned in the report, are in danger of abuse or neglect;	"	Yes	

GUIDELINE IDENTIFICATION/GUIDELINE	SOURCE	CONFORM/ NOT CONFORM	SPECIFY IN WHAT WAYS NOT CONFORM
IV B a. The training of child protective workers should emphasize that the major purposes of an investigation are to: (4) assess the child's (or children's) and parents' need for emergency or immediate services.	State CPS Training Curriculum	Yes	
IV B b. All child protective workers assigned to investigate reported, suspected cases of child abuse and neglect should be aware that their role is primarily to protect the child and secondarily to develop a casework relationship with the family.	"	Yes	
IV B c. Each worker should be informed about and actively support the authority and responsibility of the agency to: (1) protect children;	"	Yes	
IV B c. Each worker should be informed about and actively support the authority and responsibility of the agency to: (2) assess the need and arrange for both emergency and long-term services to reduce or remove the threat of abuse and neglect;	"	Yes	
IV B c. Each worker should be informed about and actively support the authority and responsibility of the agency to: (3) take the necessary legal action when change is not possible and when there is a real hazard to the child.	"	Yes	

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IV B d. Procedures should exist to waive the investigation when a professional or another social agency is already providing treatment to the family, and: (1) the protective and service needs of the child and family can be met by the agency or individual;	State CPS Training Curriculum	No	This procedure is not allowed in Washington State so, of course, it would not be included in staff training.
IV B d. Procedures should exist to waive the investigation when a professional or another social agency is already providing treatment to the family, and: (2) the agency or individual agrees to attempt to do so;	"	No	This procedure is not allowed in Washington State so, of course, it would not be included in staff training.
IV B d. Procedures should exist to waive the investigation when a professional or another social agency is already providing treatment to the family, and: (3) suitable safeguards are established and observed, including: (a) agreement from the agency or individual to report periodically on the status of the family; (b) agreement to report immediately to the local service when the child's safety or well-being is threatened despite the agency's or individual's efforts; and (c) periodic monitoring of the agency's or individual's efforts by the local service for a reasonable period of time.	"	No	This procedure is not allowed in Washington State so, of course, it would not be included in staff training.
IV B e. Specifically defined procedures should exist, and each protective worker should be trained to follow such procedures for placing a child in protective custody. (See Standard IV F and Section VIII for specifics.)	"	Yes	

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IV B f. In any case which involves the death of a child, the child protective worker should be aware of the necessity of immediately notifying, by telephone, the appropriate district attorney and medical examiner or coroner.	State CPS Training Curriculum	Yes	
IV B g. Training should be provided on the procedures for obtaining a medical assessment of a child and, when appropriate, for obtaining a psychological evaluation of the parent(s) and child.	"	Yes/No	Medical assessment, <u>but not</u> psychological assessment
IV B h. Standardized forms, for documenting information collected during investigations, should be reviewed and explained to all child protective workers who will be assigned to investigate reports.	"	Yes	
IV B i. Investigative information and evidence should be gathered and recorded with great care as if it were going to be tested in the rigors of a court trial. To the extent feasible, the information collected should be concrete and specific.	"	Yes	
IV B j. All information collected, through interviews or other methods, should be considered confidential. The confidentiality of interviews should be particularly stressed when individuals outside the family are seen so that gossip about the family is discouraged.	"	Yes	

GUIDELINE IDENTIFICATION/GUIDELINE	SOURCE	CONFORM/ NOT CONFORM	SPECIFY IN WHAT WAYS NOT CONFORM
IV B k. All child protective workers should be trained in interviewing techniques with emphasis on those approaches and techniques that are needed in interviewing parents involved in a suspected case of child abuse and neglect. This training should include: (1) establishing a cooperative atmosphere through such things as showing honest respect for the parents and their capabilities, honest and forthright behavior, and sympathetic and non-judgmental listening.	State CPS Training Curriculum	Yes	
IV B k. All child protective workers should be trained in interviewing techniques with emphasis on those approaches and techniques that are needed in interviewing parents involved in a suspected case of child abuse and neglect. This training should include: (2) informing parents of their rights and of the fact that collateral interviews will take place. (See Standard IV E for specifics about the rights of parents and children.)	"	Yes	
IV B k. All child protective workers should be trained in interviewing techniques with emphasis on those approaches and techniques that are needed in interviewing parents involved in a suspected case of child abuse and neglect. This training should include: (3) obtaining facts about the alleged incident of child abuse and neglect.	"	Yes	
IV B k. All child protective workers should be trained in interviewing techniques with emphasis on those approaches and techniques that are needed in interviewing parents involved in a suspected case of child abuse and neglect. This training should include: (4) soliciting information about how the parents perceive themselves, each other, the child in question, other siblings, and information on the parents' knowledge and skills about child rearing.	"	Yes	

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GUIDELINE IDENTIFICATION/GUIDELINE	SOURCE	CONFORM/ NOT CONFORM	SPECIFY IN WHAT WAYS NOT CONFORM
IV B k. All child protective workers should be trained in interviewing techniques with emphasis on those approaches and techniques that are needed in interviewing parents involved in a suspected case of child abuse and neglect. This training should include: (5) detecting similarities in multiple interviews which would tend to make the alleged incident indicated or not indicated, and detecting contradictions and inconsistencies in multiple interviews.	State CPS Training Curriculum	No	Multiple interviews not an explicitly indicated procedure.
IV B k. All child protective workers should be trained in interviewing techniques with emphasis on those approaches and techniques that are needed in interviewing parents involved in a suspected case of child abuse and neglect. This training should include: (6) using the content and context of interviews with people outside the family in assessing the additional questions that should be asked the family and in assessing their reactions.	"	No	Multiple interviews not an explicitly indicated procedure.
IV B l. Protective workers should also be given training in what to observe or look for in the home, the family dynamics, and the condition and reactions of the child and his siblings and how to interpret these observations.	"	Yes	
IV C a. <u>One</u> person should be given responsibility for the investigation. This person should be informed about all information in the report and all other sources.	Local CPS Supervisor	Yes	

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IV C b. The referral and/or reporting source should be contacted for any additional information that can be provided, with emphasis on information which may indicate that an emergency investigation should be started. (This action will also provide feedback that the report is being investigated.)	DSHS Manual G	Yes	
IV C c. Information on prior occurrences of abuse and neglect to the subject child, his siblings, or others in the family should be obtained from the Central Register (if it was not transmitted at the time that a case was assigned by the State agency to the local agency for investigation). Except in extreme emergencies this information should be obtained and reviewed prior to interviewing the parents or visiting the home.	DSHS Manual G 54.10	Yes	
IV C d. The child protective worker assigned to the investigation should see the child and ensure that the child is safe and not in any imminent danger.	Local Program Matrix VII (Service Activities) z & dd	Yes	
IV C e. An assessment should be made as soon as possible of the child's home situation, through a visit to the home and through interviews with the parents, caretakers, and others, such as an examining physician, who can be expected to provide pertinent information.	Local Program Matrix VII (Service Activities) aa & z, ee & o	Yes	
IV C f. When appropriate, a medical assessment should be obtained. And, if it is felt that the child or his siblings may be in danger, arrangements should be made to utilize the appropriate emergency services and/or place (or retain) the child (children) in protective custody.	Local CPS Supervisor and Local Program Matrix VII (Service Activities) kk & ll	Yes	

GUIDELINE IDENTIFICATION/GUIDELINE	SOURCE	CONFORM/ NOT CONFORM	SPECIFY IN WHAT WAYS NOT CONFORM
IV C g. If there is doubt about whether the report is unfounded, or whether the report requires additional investigation, the case should be reviewed with the Interdisciplinary Team. (See Standard V B for additional information on the <u>Interdisciplinary Team</u> .)	Local CPS Supervisor	No	There is no multidisciplinary consultation team.
IV C h. If the child protective service determines that the report is unfounded, it should: (1) close the case;	DSHS Manual G 54.24 & 54.22	Yes	
IV C h. If the child protective service determines that the report is unfounded, it should: (2) if appropriate, offer services that it thinks could benefit the child or family, for the family's voluntary acceptance or refusal.	DSHS Manual G 54.24 & 54.22	Yes	
IV D a. Social service sources who are known to have had contact with the family or child as well as sources that the protective worker assesses may have worked with the family should be contacted in order to obtain information. The purposes of this are: (1) to coordinate the provision of existing services with any additional services that may be needed; and (2) to obtain additional background information about the child and family. All information obtained from these sources should be considered confidential.	Local Program Matrix VII (Service Activities) m & n Local CPS Supervisor	Yes	
IV D b. Additional interviews should be held with the family, as appropriate with the child and his siblings, and with others who may have had contact with the family such as: relatives; neighbors; teachers; and medical and mental health personnel.	Local Program Matrix VII (Service Activities) o & rr	Yes	

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IV D c. The safety of the child should be continually assessed during the entire course of the investigation and as appropriate reviewed with the Interdisciplinary Team so that any necessary action can be taken to return the child to the family or remove the child.	Local Program Matrix VII (Program Indicators) #4	Yes	
IV D d. The service and treatment needs of the family should be identified and evaluated in terms of the overall benefits that may accrue. Particular attention should be given to those needs which require immediate attention.	Local CPS Supervisor	Yes	
IV D e. Information obtained during this investigation should be documented using the standardized forms developed by the State agency. This is: (1) to ensure that all necessary information is obtained in an objective manner; (2) facilitate review and assessment of the investigation; and (3) minimize duplication of information gathering through initially collecting data in a form that will be useful to service agencies who subsequently come into contact with the family.	Local CPS Supervisor	Yes	
IV D f. During the course of the investigation, the worker assigned to the case should confer with other members of the child protective unit so that experience gained by different members is shared and various options and alternatives can be reviewed.	"	Yes	
IV D g. When it is judged to be appropriate, by the worker assigned to the case and by the supervisor, the investigative progress and findings should be reviewed by the <u>Interdisciplinary Team</u> . (See Standard V B.)	"	No	No multidisciplinary consultation team exists.

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IV E a. General oral advice given by the investigatory authority should include: (1) the nature of the investigation;	Local Program Matrix VII (Service Activities) p. q, r, s & ee	Yes	
IV E a. General oral advice given by the investigatory authority should include: (2) the investigatory authority's responsibilities;	Local CPS Supervisor	Yes	
IV E a. General oral advice given by the investigatory authority should include: (3) the fact that the parent, guardian, or other person responsible can refuse services;	"	Yes	
IV E a. General oral advice given by the investigatory authority should include: (4) the fact that court action may result.	"	Yes	
IV E b. Advice concerning legal assistance and rights given by the investigatory authority should include: (1) the right of the adults to consult legal counsel at every stage of the investigation or proceeding;	"	No	Not a procedure of CPS, but law enforcement probably does.
IV E b. Advice concerning legal assistance and rights given by the investigatory authority should include: (2) the fact that statements made to the investigator and evidence concerning home conditions may be introduced at court hearings;	"	Yes	

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IV E b. Advice concerning legal assistance and rights given by the investigatory authority should include: (3) the right to a court hearing prior to removal of the child except under emergency conditions.	Local CPS Supervisor	No	That is the responsibility of the court worker.
IV E c. Written notification given by the investigatory authority should include: (1) the existence of the report of abuse and neglect;	DSHS Manual G	Yes	
IV E c. Written notification given by the investigatory authority should include: (2) the adult's rights in regard to the sealing, amendment, or expungement of the report and related records.	Local CPS Supervisor	Yes	
IV F a. The investigatory authority, a police or law enforcement officer, or a physician treating a child should place a child in protective custody if: (1) there is reason to believe that there exists an imminent danger to the child's life or health; and (2) there is no time to apply for a court order.	DSHS Manual H 54.20	Yes	
IV F b. A person in charge of a hospital or similar medical institution should be empowered to retain custody of a child reasonably suspected to be abused or neglected until the next day.	Local CPS Supervisor	Yes	

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IV F c. A child placed in protective custody should be taken to a place designated for this purpose by State statute or the juvenile court; such place should not be a jail or other secure facility used for the detention of criminal or juvenile offenders.	Local CPS Supervisor	Yes	
IV F d. Any person taking a child into protective custody should immediately notify the appropriate local child protective service.	"	No	Juvenile Court is first notified then CPS is notified.
IV F e. When a child is placed in protective custody, the parents or other person responsible for the child should immediately be served with written notification detailing: (1) the reason for removal;	"	Yes	
IV F e. When a child is placed in protective custody, the parents or other person responsible for the child should immediately be served with written notification detailing: (2) the location where the child is placed, <u>except when inappropriate;</u>	"	Yes	
IV F e. When a child is placed in protective custody, the parents or other person responsible for the child should immediately be served with written notification detailing: (3) the date, time and place of the court hearing;	"	Yes	

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IV F e. When a child is placed in protective custody, the parents or other person responsible for the child should immediately be served with written notification detailing: (4) the right of the parent to consult legal counsel and, if appropriate, the right to be assigned counsel by the court.	Local CPS Supervisor	Yes	
IV F f. If a parent or other person responsible for the child is not present when the child is placed, the agency effecting removal should attempt to locate and serve the adult(s) immediately.	"	Yes	
IV F g. Whenever a child has been placed in protective custody a court hearing should be held on the next court day, so that: (1) the child protective service can commence a child protection proceeding or recommend that one not be commenced;	"	No	Limit is 72 hours.
IV F g. Whenever a child has been placed in protective custody a court hearing should be held on the next court day, so that: (2) the court may order the commencement of a proceeding even if the service recommends against doing so, if it finds that such a proceeding would be in the best interests of the child and community.	"	Yes	

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IV A f. If a law enforcement investigation is contemplated or in progress, the child protective service should attempt to coordinate its efforts.	DSHS Manual H 54.20 (4)	Yes	
IV A g. (1) A determination of the validity of the report should be completed within sixty days after it was made.	Local DSHS Administrator	Yes	
IV A g. (2) The local agency should, in unusual circumstances, have the option of extending an investigation for another thirty days if concurrence is obtained from the State agency.	"	Yes	
IV B a. The training of child protective workers should emphasize that the major purposes of an investigation are to: (1) determine whether or not the child is safe and not in any imminent danger;	State CPS Training Curriculum	Yes	
IV B a. The training of child protective workers should emphasize that the major purposes of an investigation are to: (2) determine the accuracy of the report;	"	Yes	
IV B a. The training of child protective workers should emphasize that the major purposes of an investigation are to: (3) determine whether any other children, under the same care as the child mentioned in the report, are in danger of abuse or neglect;	"	Yes	

GUIDELINE IDENTIFICATION/GUIDELINE	SOURCE	CONFORM/ NOT CONFORM	SPECIFY IN WHAT WAYS NOT CONFORM
IV B a. The training of child protective workers should emphasize that the major purposes of an investigation are to: (4) assess the child's (or children's) and parents' need for emergency or immediate services.	State CPS Training Curriculum	Yes	
IV B b. All child protective workers assigned to investigate reported, suspected cases of child abuse and neglect should be aware that their role is primarily to protect the child and secondarily to develop a casework relationship with the family.	"	Yes	
IV B c. Each worker should be informed about and actively support the authority and responsibility of the agency to: (1) protect children;	"	Yes	
IV B c. Each worker should be informed about and actively support the authority and responsibility of the agency to: (2) assess the need and arrange for both emergency and long-term services to reduce or remove the threat of abuse and neglect;	"	Yes	
IV B c. Each worker should be informed about and actively support the authority and responsibility of the agency to: (3) take the necessary legal action when change is not possible and when there is a real hazard to the child.	"	Yes	

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IV B d. Procedures should exist to waive the investigation when a professional or another social agency is already providing treatment to the family, and: (1) the protective and service needs of the child and family can be met by the agency or individual;	State CPS Training Curriculum	No	This procedure is not allowed in Washington State so, of course, it would not be included in staff training.
IV B d. Procedures should exist to waive the investigation when a professional or another social agency is already providing treatment to the family, and: (2) the agency or individual agrees to attempt to do so;	"	No	This procedure is not allowed in Washington State so, of course, it would not be included in staff training.
IV B d. Procedures should exist to waive the investigation when a professional or another social agency is already providing treatment to the family, and: (3) suitable safeguards are established and observed, including: (a) agreement from the agency or individual to report periodically on the status of the family; (b) agreement to report immediately to the local service when the child's safety or well-being is threatened despite the agency's or individual's efforts; and (c) periodic monitoring of the agency's or individual's efforts by the local service for a reasonable period of time.	"	No	This procedure is not allowed in Washington State so, of course, it would not be included in staff training.
IV B e. Specifically defined procedures should exist, and each protective worker should be trained to follow such procedures for placing a child in protective custody. (See Standard IV F and Section VIII for specifics.)	"	Yes	

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GUIDELINE IDENTIFICATION/GUIDELINE	SOURCE	CONFORM/ NOT CONFORM	SPECIFY IN WHAT WAYS NOT CONFORM
IV B f. In any case which involves the death of a child, the child protective worker should be aware of the necessity of immediately notifying, by telephone, the appropriate district attorney and medical examiner or coroner.	State CPS Training Curriculum	Yes	
IV B g. Training should be provided on the procedures for obtaining a medical assessment of a child and, when appropriate, for obtaining a psychological evaluation of the parent(s) and child.	"	Yes/No	Medical assessment, <u>but not</u> psychological assessment.
IV B h. Standardized forms, for documenting information collected during investigations, should be reviewed and explained to all child protective workers who will be assigned to investigate reports.	"	Yes	
IV B i. Investigative information and evidence should be gathered and recorded with great care as if it were going to be tested in the rigors of a court trial. To the extent feasible, the information collected should be concrete and specific.	"	Yes	
IV B j. All information collected, through interviews or other methods, should be considered confidential. The confidentiality of interviews should be particularly stressed when individuals outside the family are seen so that gossip about the family is discouraged.	"	Yes	

GUIDELINE IDENTIFICATION/GUIDELINE	SOURCE	CONFORM/ NOT CONFORM	SPECIFY IN WHAT WAYS NOT CONFORM
IV B k. All child protective workers should be trained in interviewing techniques with emphasis on those approaches and techniques that are needed in interviewing parents involved in a suspected case of child abuse and neglect. This training should include: (1) establishing a cooperative atmosphere through such things as showing honest respect for the parents and their capabilities, honest and forthright behavior, and sympathetic and non-judgmental listening.	State CPS Training Curriculum	Yes	
IV B k. All child protective workers should be trained in interviewing techniques with emphasis on those approaches and techniques that are needed in interviewing parents involved in a suspected case of child abuse and neglect. This training should include: (2) informing parents of their rights and of the fact that collateral interviews will take place. (See Standard IV E for specifics about the rights of parents and children.)	"	Yes	
IV B k. All child protective workers should be trained in interviewing techniques with emphasis on those approaches and techniques that are needed in interviewing parents involved in a suspected case of child abuse and neglect. This training should include: (3) obtaining facts about the alleged incident of child abuse and neglect.	"	Yes	
IV B k. All child protective workers should be trained in interviewing techniques with emphasis on those approaches and techniques that are needed in interviewing parents involved in a suspected case of child abuse and neglect. This training should include: (4) soliciting information about how the parents perceive themselves, each other, the child in question, other siblings, and information on the parents' knowledge and skills about child rearing.	"	Yes	

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GUIDELINE IDENTIFICATION/GUIDELINE	SOURCE	CONFORM/ NOT CONFORM	SPECIFY IN WHAT WAYS NOT CONFORM
IV B k. All child protective workers should be trained in interviewing techniques with emphasis on those approaches and techniques that are needed in interviewing parents involved in a suspected case of child abuse and neglect. This training should include: (5) detecting similarities in multiple interviews which would tend to make the alleged incident indicated or not indicated, and detecting contradictions and inconsistencies in multiple interviews.	State CPS Training Curriculum	No	Multiple interviews <u>not</u> an explicitly indicated procedure.
IV B k. All child protective workers should be trained in interviewing techniques with emphasis on those approaches and techniques that are needed in interviewing parents involved in a suspected case of child abuse and neglect. This training should include: (6) using the content and context of interviews with people outside the family in assessing the additional questions that should be asked the family and in assessing their reactions.	"	No	Multiple interviews <u>not</u> an explicitly indicated procedure.
IV B l. Protective workers should also be given training in what to observe or look for in the home, the family dynamics, and the condition and reactions of the child and his siblings and how to interpret these observations.	"	Yes	
IV C a. <u>One</u> person should be given responsibility for the investigation. This person should be informed about all information in the report and all other sources.	Local CWS Supervisor	Yes	

GUIDELINE IDENTIFICATION/GUIDELINE	SOURCE	CONFORM/ NOT CONFORM	SPECIFY IN WHAT WAYS NOT CONFORM
IV C b. The referral and/or reporting source should be contacted for any additional information that can be provided, with emphasis on information which may indicate that an emergency investigation should be started. (This action will also provide feedback that the report is being investigated.)	DSHS Manual G 54.08	Yes	
IV C c. Information on prior occurrences of abuse and neglect to the subject child, his siblings, or others in the family should be obtained from the Central Register (if it was not transmitted at the time that a case was assigned by the State agency to the local agency for investigation). Except in extreme emergencies this information should be obtained and reviewed prior to interviewing the parents or visiting the home.	DSHS Manual G 54.10	Yes	
IV C d. The child protective worker assigned to the investigation should see the child and ensure that the child is safe and not in any imminent danger.	Local CMS Supervisor	Yes	
IV C e. An assessment should be made as soon as possible of the child's home situation, through a visit to the home and through interviews with the parents, caretakers, and others, such as an examining physician, who can be expected to provide pertinent information.	"	Yes	
IV C f. When appropriate, a medical assessment should be obtained. And, if it is felt that the child or his siblings may be in danger, arrangements should be made to utilize the appropriate emergency services and/or place (or retain) the child (children) in protective custody.	"	Yes	

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GUIDELINE IDENTIFICATION/GUIDELINE	SOURCE	CONFORM/ NOT CONFORM	SPECIFY IN WHAT WAYS NOT CONFORM
IV C g. If there is doubt about whether the report is unfounded, or whether the report requires additional investigation, the case should be reviewed with the Interdisciplinary Team. (See Standard V B for additional information on the <u>Interdisciplinary Team</u> .)	DSHS Manual G WAC 388-16-512	Yes	
IV C h. If the child protective service determines that the report is unfounded, it should: (1) close the case;	Local CWS Supervisor	No	There is no multidisciplinary consultation team.
IV C h. If the child protective service determines that the report is unfounded, it should: (2) if appropriate, offer services that it thinks could benefit the child or family, for the family's voluntary acceptance or refusal.	Local CWS Supervisor	No	There is no multidisciplinary consultation team.
IV D a. Social service sources who are known to have had contact with the family or child as well as sources that the protective worker assesses may have worked with the family should be contacted in order to obtain information. The purposes of this are: (1) to coordinate the provision of existing services with any additional services that may be needed; and (2) to obtain additional background information about the child and family. All information obtained from these sources should be considered confidential.		Yes	
IV D b. Additional interviews should be held with the family, as appropriate with the child and his siblings, and with others who may have had contact with the family such as: relatives; neighbors; teachers; and medical and mental health personnel.	DSHS Manual G	Yes	

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IV D c. The safety of the child should be continually assessed during the entire course of the investigation and as appropriate reviewed with the Interdisciplinary Team so that any necessary action can be taken to return the child to the family or remove the child.	DSHS Manual G	Yes	
IV D d. The service and treatment needs of the family should be identified and evaluated in terms of the overall benefits that may accrue. Particular attention should be given to those needs which require immediate attention.	Local CWS Supervisor	Yes	
IV D e. Information obtained during this investigation should be documented using the standardized forms developed by the State agency. This is: (1) to ensure that all necessary information is obtained in an objective manner; (2) facilitate review and assessment of the investigation; and (3) minimize duplication of information gathering through initially collecting data in a form that will be useful to service agencies who subsequently come into contact with the family.	"	Yes	
IV D f. During the course of the investigation, the worker assigned to the case should confer with other members of the child protective unit so that experience gained by different members is shared and various options and alternatives can be reviewed.	"	Yes	
IV D g. When it is judged to be appropriate, by the worker assigned to the case and by the supervisor, the investigative progress and findings should be reviewed by the <u>Interdisciplinary Team</u> . (See Standard V B.)	"	No	There is no multidisciplinary consultation team.

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GUIDELINE IDENTIFICATION/GUIDELINE	SOURCE	CONFORM/ NOT CONFORM	SPECIFY IN WHAT WAYS NOT CONFORM
IV E a. General oral advice given by the investigatory authority should include: (1) the nature of the investigation;	WAC 388-16-512	Yes	
IV E a. General oral advice given by the investigatory authority should include: (2) the investigatory authority's responsibilities;	Local CWS Supervisor	Yes	
IV E a. General oral advice given by the investigatory authority should include: (3) the fact that the parent, guardian, or other person responsible can refuse services;	"	Yes	
IV E a. General oral advice given by the investigatory authority should include: (4) the fact that court act on may result.	"	Yes	
IV E b. Advice concerning legal assistance and rights given by the investigatory authority should include: (1) the right of the adults to consult legal counsel at every stage of the investigation or proceeding;	"	Yes	
IV E b. Advice concerning legal assistance and rights given by the investigatory authority should include: (2) the fact that statements made to the investigator and evidence concerning home conditions may be introduced at court hearings;	"	Yes	

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IV E b. Advice concerning legal assistance and rights given by the investigatory authority should include: (3) the right to a court hearing prior to removal of the child except under emergency conditions.	Local CMS Supervisor	Yes	
IV E c. Written notification given by the investigatory authority should include: (1) the existence of the report of abuse and neglect;	"	No	Verbal report only is given.
IV E c. Written notification given by the investigatory authority should include: (2) the adult's rights in regard to the sealing, amendment, or expungement of the report and related records.	"	No	Verbal report only is given.
IV F a. The investigatory authority, a police or law enforcement officer, or a physician treating a child should place a child in protective custody if: (1) there is reason to believe that there exists an imminent danger to the child's life or health; and (2) there is no time to apply for a court order.	DSHS Manual H 54.20	Yes	
IV F b. A person in charge of a hospital or similar medical institution should be empowered to retain custody of a child reasonably suspected to be abused or neglected until the next day.	Local DSHS Administrator	Yes	

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IV F c. A child placed in protective custody should be taken to a place designated for this purpose by State statute or the juvenile court; such place should not be a jail or other secure facility used for the detention of criminal or juvenile offenders.	Local CWS Supervisor	Yes	
IV F d. Any person taking a child into protective custody should immediately notify the appropriate local child protective service.	Local DSHS Administrator	Yes	
IV F e. When a child is placed in protective custody, the parents or other person responsible for the child should immediately be served with written notification detailing: (1) the reason for removal;	Local CWS Supervisor	No	Verbal report only is given.
IV F e. When a child is placed in protective custody, the parents or other person responsible for the child should immediately be served with written notification detailing: (2) the location where the child is placed, <u>except when inappropriate</u> ;	"	No	Does not report location of where child is placed.
IV F e. When a child is placed in protective custody, the parents or other person responsible for the child should immediately be served with written notification detailing: (3) the date, time and place of the court hearing;	"	Yes	

GUIDELINE IDENTIFICATION/GUIDELINE	SOURCE	CONFORM/ NOT CONFORM	SPECIFY IN WHAT WAYS NOT CONFORM
IV F e. When a child is placed in protective custody, the parents or other person responsible for the child should immediately be served with written notification detailing: (4) the right of the parent to consult legal counsel and, if appropriate, the right to be assigned counsel by the court.	Local CWS Supervisor	No	Verbal report only is given.
IV F f. If a parent or other person responsible for the child is not present when the child is placed, the agency effecting removal should attempt to locate and serve the adult(s) immediately.	"	Yes	
IV F g. Whenever a child has been placed in protective custody a court hearing should be held on the next court day, so that: (1) the child protective service can commence a child protection proceeding or recommend that one not be commenced;	"	No	Deadline is 72 hours.
IV F g. Whenever a child has been placed in protective custody a court hearing should be held on the next court day, so that: (2) the court may order the commencement of a proceeding even if the service recommends against doing so, if it finds that such a proceeding would be in the best interests of the child and community.	"	Yes	

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GUIDELINE IDENTIFICATION/GUIDELINE	SOURCE	CONFORM/ NOT CONFORM	SPECIFY IN WHAT WAYS NOT CONFORM
V A a. The local agency should be responsible for: (1) administering the child protective service units;	DSHS Manual H 54.04	Yes	
V A a. The local agency should be responsible for: (2) strengthening and improving child abuse and neglect prevention and treatment efforts;	DSHS Manual H 54.01 (2)	Yes	
V A a. The local agency should be responsible for: (3) encouraging the cooperation and assistance of public, private and parental organizations;	DSHS Manual H 54.01 (2)	Yes	
V A a. The local agency should be responsible for: (4) serving as a local clearinghouse on programs and groups providing child abuse and neglect related human services;	"	Yes	
V A a. The local agency should be responsible for: (5) compiling, publishing and disseminating public, professional and staff educational and training materials as necessary to supplement (or modify for local needs) materials developed by the State;	Local CPS Supervisor	No	Some public educational material is disseminated.
V A a. The local agency should be responsible for: (6) providing either directly or indirectly, training and technical assistance to appropriate local agencies, groups and individuals;	DSHS Manual H 54.08	Yes	In the form of consultation

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GUIDELINE IDENTIFICATION/GUIDELINE	SOURCE	CONFORM/ NOT CONFORM	SPECIFY IN WHAT WAYS NOT CONFORM
V A a. The local agency should be responsible for: (7) fostering the development of improved or additional programs and activities, the assumption of prevention and treatment responsibilities by additional agencies and groups, and the coordination of existing programs and activities.	Region IV Policy Procedures for CPS DSHS Manual H 54.20 DSHS Manual G 54.38 E	Yes	
V A b. Child protective service units should be established or designated by each local agency. (Section IV, <u>infra.</u> , details child protective service unit investigatory functions.)	DSHS Manual H 54.01	Yes	CPS Unit is established by <u>state</u> law within local DSHS local agencies.
V A c. The local agency should be organized to maximize the continuity of responsibility, care, and service of individual workers towards individual children and families.	Local CPS Supervisor	Yes	
V A d. In counties of sufficient size, the child protective service unit should be organized separately from and administered independently of the rest of the local agency. This will encourage the child protective service unit to become a specialized agency whose staff has the experience and training to deal with difficult child protective investigative problems in such areas as law, medicine, social service, and education.	DSHS Manual H 54.04 Local CPS Supervisor	No	State law assigns CPS units to DSHS--no administrative separation.
V A e. The local agency should cooperate with and enlist the cooperation and participation of appropriate law enforcement agencies, courts and other agencies, groups, or programs providing or concerned with human services related to the prevention, identification or treatment of child abuse and neglect.	DSHS Manual H 54.20	Yes	

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GUIDELINE IDENTIFICATION/GUIDELINE	SOURCE	CONFORM/ NOT CONFORM	SPECIFY IN WHAT WAYS NOT CONFORM
V A f. The local agency's cooperation and involvement with the appropriate public and private agencies should include: (1) joint consultation and services;	Local CPS Supervisor	Yes	
V A f. The local agency's cooperation and involvement with the appropriate public and private agencies should include: (2) joint planning;	"	Yes	
V A f. The local agency's cooperation and involvement with the appropriate public and private agencies should include: (3) joint case management;	"	Yes	
V A f. The local agency's cooperation and involvement with the appropriate public and private agencies should include: (4) joint public education and information services;	"	Yes	
V A f. The local agency's cooperation and involvement with the appropriate public and private agencies should include: (5) utilization of each other's facilities;	"	Yes	
V A f. The local agency's cooperation and involvement with the appropriate public and private agencies should include: (6) joint staff development and other training;	"	Yes	

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V A f. The local agency's cooperation and involvement with the appropriate public and private agencies should include: (7) the creation of inter-disciplinary case diagnostic, case handling, case management, and policy planning teams.	Local CPS Supervisor	No	Team at Harborview meets twice a month--no formal team at DSHS. There are, however, peer group consultations.
V A g. The local agency should be able to purchase and utilize the services of any public or private agency so long as the agreement ensures the continuity of care and accountability between the two agencies.	Region IV Policy/Procedure for CPS IV DSHS Manual G 54.38 E	Yes	
V A h. The local agency should be reimbursed by the State for those services which are purchased by it.	Local CPS Supervisor	Yes	Payments are made out of Olympia reimburses vender.
V B a. The head of the child protective service or his designee should serve as the Team's coordinator.	"	No	Not on formal basis--consultation on need basis--a lot of peer consultation.
V B b. The coordinator should invite representatives of appropriate health, mental health, social service and law enforcement agencies to become members of the Team.	"	No	Not on formal basis--consultation on need basis--a lot of peer consultation.
V B c. The Team could be convened to consider when a child should be removed from his home by exploring: (1) whether removal is warranted or necessary;	"	No	Not on formal basis--consultation on need basis.

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V B c. The Team could be convened to consider when a child should be removed from his home by exploring: (2) the temporary care alternatives that exist and the one that seems preferable;	Local CPS Supervisor	No	Not on formal basis--consultation on need basis.
V B c. The Team could be convened to consider when a child should be removed from his home by exploring: (3) the immediate service needs of the family that have been identified during the investigation.	"	No	Not on formal basis--consultation on need basis.
V B d. The Team could review the investigative findings, determine any additional information that is needed, make recommendations on how such information might be obtained, and make an assessment as to the accuracy of the report.	"	No	Not on formal basis--consultation on need basis.
V B e. The Team could also provide guidance and assistance, when requested, to case workers in developing long-range treatment plans. (See Standard VI B for additional information on Treatment Plans.)	"	No	Not on formal basis--consultation on need basis.
V C a. The Chairman of the "Community Child Protection Advisory Board" should be appointed by the appropriate local chief executive officer.	King County DSHS CPS Supervisor	No	No committee so composed with these responsibilities and authority.

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V C b. The Board should include: (1) representatives of law enforcement agencies, the juvenile (or family) court and appropriate public, private, and parental organizations;	King County DSHS CPS Supervisor	No	No committee so composed with these responsibilities and authority.
V C b. The Board should include: (2) individuals of distinction in medical and social services, law, and community life who are broadly representative of all social and economic groups;	"	No	No committee so composed with these responsibilities and authority.
V C b. The Board should include: (3) not less than five and not more than fifteen members, of whom at least twenty percent must be individuals of distinction not otherwise representative of a public, private, or parental organization or group.	"	No	No committee so composed with these responsibilities and authority.
V C c. Individuals appointed to serve on the Committee should be of sufficient stature within their own agencies, and organizations such that their positions fully represent the interests, and reflect the policies, of their own agencies and organizations.	"	No	No committee so composed with these responsibilities and authority.
V C d. The "Community Child Protection Advisory Board" should be responsible for: (1) facilitating and expediting the delivery of comprehensive child protective services generally;	"	No	No committee so composed with these responsibilities and authority.

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V C d. The "Community Child Protection Advisory Board" should be responsible for: (2) promoting and participating in the local public education program and local public relations activities, and ensuring that training and education courses and materials are available and utilized;	King County DSHS CPS Supervisor	No	No committee so composed with these responsibilities and authority.
V C d. The "Community Child Protection Advisory Board" should be responsible for: (3) advocating or encouraging the development of new or improved child abuse and neglect programs and activities in the communities, and involving additional agencies and groups, as appropriate;	"	No	No committee so composed with these responsibilities and authority.
V C d. The "Community Child Protection Advisory Board" should be responsible for: (4) assisting in local efforts to improve the prevention, identification and treatment of child abuse and neglect, both in conjunction with the local agency and the local child protective service and independently;	"	No	No committee so composed with these responsibilities and authority.
V C d. The "Community Child Protection Advisory Board" should be responsible for: (5) assisting the local child protective agency in the development of their "Local Plan for Child Protective Services" or its equivalent. (See Standard V D for additional information on the "Local Plan.")	"	No	No committee so composed with these responsibilities and authority.
V C e. In order to reconsider and, possibly, revise existing systems and programs the Board should have the authority to: (1) review a case's treatment progress against the Treatment Plan;	"	No	No committee so composed with these responsibilities and authority.

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GUIDELINE IDENTIFICATION/GUIDELINE	SOURCE	CONFORM/ NOT CONFORM	SPECIFY IN WHAT WAYS NOT CONFORM
V C e. In order to reconsider and, possibly, revise existing systems and programs the Board should have the authority to: (2) investigate the quality and kind of services offered to families in particular cases;	King County DSHS Supervisor	No	No committee so composed with these responsibilities and authority.
V C e. In order to reconsider and, possibly, revise existing systems and programs the Board should have the authority to: (3) examine confidential child protection agency files for these purposes.	"	No	No committee so composed with these responsibilities and authority.
V C f. The Board should be authorized to: (1) meet at any time to consider any issue in relation to child abuse and neglect;	"	No	No committee so composed with these responsibilities and authority.
V C f. The Board should be authorized to: (2) confer with any individuals, groups, and agencies;	"	No	No committee so composed with these responsibilities and authority.
V C f. The Board should be authorized to: (3) issue reports or recommendations on any subject it deems appropriate.	"	No	No committee so composed with these responsibilities and authority.
V D a. Each local agency should prepare a "local plan" every two years to be approved by the Community Child Protection Advisory Board and the State Agency.	Local CPS Supervisor	No	Plan not approved by Child Protection Advisory Board.

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V D b. The Plan should be developed after consultation with the Advisory Board, local law enforcement agencies, the juvenile court (or family or other similar court), other relevant public, private and parental organizations, and individuals of distinction in human services, law and community life who are broadly representative of all social and economic sectors in the community. This consultation should take place before the preparation of the Plan.	Local CPS Supervisor	No	Community Advisory Board is not consulted.
V D c. The Plan should address the following items: (1) the local agency's existing and projected organization, staffing, methods of operation, financing;	"	Yes	
V D c. The Plan should address the following items: (2) procedures or programs which have been implemented since submission of the previous Plan as well as procedures or programs which are planned for implementation or are recommended;	"	Yes	
V D c. The Plan should address the following items: (3) procedures and programs which should be addressed in the Plan should include such things as staff training;	"	No	Local plan does not speak to: delays in investigations; procedures for receipt, investigation and verification of reports; terms and conditions under which the local agency may waive investigations; procedures for determining service needs for families; statistical reporting; procedures for providing, coordinating and monitoring preventive and treatment services; provisions for resort to juvenile or criminal courts; or procedures for overall evaluation of prevention, identification and treatment efforts and the use of the results for future planning.
V D c. The Plan should address the following items: (3) procedures and programs which should be addressed in the Plan should include such things as public and professional education and training;	"	No	

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V D c. The Plan should address the following items: (3) procedures and programs which should be addressed in the Plan should include such things as improvements or development of institutional or other facilities (public or private) to care for children;	Local CPS Supervisor	No	Local plan does not speak to: delays in investigations; procedures for receipt, investigation and verification of reports; terms and conditions under which the local agency may waive investigations; procedures for determining service needs for families; statistical reporting; procedures for providing, coordinating and monitoring preventive and treatment services; provisions for resort to juvenile or criminal courts; or procedures for overall evaluation of prevention, identification and treatment efforts and the use of the results for future planning.
V D c. The Plan should address the following items: (3) procedures and programs which should be addressed in the Plan should include such things as programs and services, including multidisciplinary ones, to prevent and treat child abuse and neglect;	"	No	See above.
V D c. The Plan should address the following items: (3) procedures and programs which should be addressed in the Plan should include such things as evaluation of staff workload, delays in investigation and required resources lacking;	"	No	See above.
V D c. The Plan should address the following items: (3) procedures and programs which should be addressed in the Plan should include such things as provisions for purchase of services;	"	No	See above.
V D c. The Plan should address the following items: (3) procedures and programs which should be addressed in the Plan should include such things as inter-agency relations, coordination and cooperation;	"	No	See above.

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V D c. The Plan should address the following items: (3) procedures and programs which should be addressed in the Plan should include such things as local agency procedures for the receipt, investigation and verification of reports;	Local CPS Supervisor	No	Local plan does not speak to: delays in investigations; procedures for receipt, investigation and verification of reports; terms and conditions under which the local agency may waive investigations; procedures for determining service needs for families; statistical reporting; procedures for providing, coordinating and monitoring preventive and treatment services; provisions for resort to juvenile or criminal courts; or procedures for overall evaluation of prevention, identification and treatment efforts and the use of the results for future planning.
V D c. The Plan should address the following items: (3) procedures and programs which should be addressed in the Plan should include such things as terms and conditions under which the local agency may waive an investigation;	"	No	See above.
V D c. The Plan should address the following items: (3) procedures and programs which should be addressed in the Plan should include such things as procedures for determining service needs for parents and children;	"	No	See above.
V D c. The Plan should address the following items: (3) procedures and programs which should be addressed in the Plan should include such things as statistical reporting (e.g., number of cases reported, investigated, founded, etc.);	"	No	See above.
V D c. The Plan should address the following items: (3) procedures and programs which should be addressed in the Plan should include such things as procedures for providing, coordinating, and monitoring preventive and treatment services;	"	No	See above.

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V D c. The Plan should address the following items: (3) procedures and programs which should be addressed in the Plan should include such things as provisions for resort, when necessary, to criminal or juvenile courts;	Local CPS Supervisor	No	Local plan does not speak to: delays in investigations; procedures for receipt, investigation and verification of reports; terms and conditions under which the local agency may waive investigations; procedures for determining service needs for families; statistical reporting; procedures for providing, coordinating and monitoring preventive and treatment services; provisions for resort to juvenile or criminal courts; or procedures for overall evaluation of prevention, identification and treatment efforts and the use of the results for future planning.
V D c. The Plan should address the following items: (3) procedures and programs which should be addressed in the Plan should include such things as procedures for overall evaluation of prevention, identification, and treatment efforts and the use of results for future planning purposes.	"	No	See above.
V D d. A public hearing on the Plan should be held by the Advisory Board. The Plan should be made available to the public for review and comment for at least 60 days before such a hearing.	"	Yes	
V D e. The public hearing should take place at least 30 days before the Plan is submitted to the State Agency.	"	Yes	
V D f. The Plan should be submitted to the State Agency at a time to be established by the State Agency. The Plan submitted should have the approval of the Advisory Board, unless the local agency certifies that, after all reasonable efforts, the local agency and the Advisory Board were not able to develop a mutually agreeable Plan. In such a case, the Advisory Board should have the option of appending to the Plan a statement of its reasons for disapproval.	"	No	Advisory Board is not involved in DSHS planning.

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V D g. The State Agency's approval or disapproval should be granted within 30 days after receipt of the Plan. Absence of approval or disapproval should be considered as approval.	Local CPS Supervisor	Yes	
V D h. If the Plan is not approved, the State Agency should state the reasons in writing and the local agency should then prepare and submit an amended Plan within the subsequent 45 days. Again, the State Agency should grant approval or disapproval in 30 days. If the amended Plan is not approved, the local agency should prepare another amended Plan and submit it within 30 days. The State Agency should then have an additional 30 days to review the second amended Plan and to approve or disapprove it. At any time thereafter the State Agency should have the option of withholding State reimbursement for all or part of the local agency's activities subject to judicial review as prescribed by State law.	"	No	State does not state in writing why local plan was not approved. No chance for regional level to amend plan after it is changed by state.
V D i. Once approved, the local Plan should be implemented no sooner than 90 days after its submission to the State Agency, i.e., 60 days after approval is granted.	"	Yes	
V E a. Evaluations should be performed by a team of people assigned to the task on a full-time basis (part-time in smaller communities) through special details, contract, or grant, until the evaluation is concluded.	Administrative Assistant to the Regional Director DSHS Region IV	No	Regional Office has 2 staff persons assigned to all programs--time allotted to CPS is approximately 3 days per month.

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V E b. The evaluation team should closely coordinate its efforts with the State agency's special unit for research, evaluation and demonstrations. Needs' assessment strategies, instruments and plans developed by this special State unit should be utilized, as appropriate, in conducting the local evaluation. This will enable information collected in different communities to be analyzed, compared, and used to formulate long-range State plans for research and evaluation.	Administrative Assistant to the Regional Director DSHS Region IV	No	Coordinate with CPS Program Director but not with special unit for research in Olympia.
V E c. Information on trends which are available for the community should be obtained from the Central Register, e.g., increase or decrease of cases reported; sources of reports; percentage of cases founded, unfounded, and indicated; number of cases that required more than the established time for the investigation to be completed; increase or decrease in numbers of families being treated; minimum, average, and maximum duration of treatment; treatment services used and frequency of use; number of reports of suspected abuse and neglect made while the family was in treatment as well as after treatment was terminated; correlations among the above categories as appropriate, and so forth.	"	No	Not useful to regional office because information is sent to State and State does not break down. The Central Register does not keep some of the detailed information specified in this guideline. Regional office correlates its own information for local needs--budgets, community forums, Central Register--does not disseminate information.
V E d. During the course of the evaluation effort, the team should closely coordinate its additional information needs with the Central Register staff to determine if the information can be provided and to assess the type of additional information that should be collected and maintained to facilitate subsequent evaluation efforts.	"	No	Caseworkers are responsible for coordinating information by unit which is then fed to management.

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V E e. The evaluation should focus on the overall system, i.e., the range of resources that are available in the community (from public awareness and training efforts through delivery of twenty-four hour emergency services and general treatment services); the frequency with which these resources are used; and the correlation between trends and use of resources.	CPS Case Reading Schedule	Yes	
V E f. A sample of individual cases should also be evaluated to obtain some specific information on such things as: (1) how the incident was identified, by whom reported, and the influence that public awareness or specific training may have had in identification or reporting;	"	Yes	
V E f. A sample of individual cases should also be evaluated to obtain some specific information on such things as: (2) duration of investigation, information obtained, individuals involved in collecting information, number of contacts with the family, number and source of interviews and contacts other than family, services offered during investigation, and results;	Administrative Assistant and CPS Case Reading Schedule	No	They record number of contacts but do not look at this data as part of their evaluation. This is in case record but not noted unless a pattern is uncovered. Do not have enough staff time to do this more interested in if worker followed procedures.

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V E f. A sample of individual cases should also be evaluated to obtain some specific information on such things as: (3) treatment plan goals and services recommended, services actually offered and utilized, services that were indicated but not available, number of times if any that treatment plan had to be changed, frequency of use and continuity of each service, assessment of quality of each service, methods used to coordinate services, number and type of contacts between protective worker(s) and family during treatment, any problems encountered, duration and results of treatment, whether or not treatment met goals in treatment plan, type of post-treatment follow-up performed, stability of family at time of follow-up, etc.	Administrative Assistant to the Regional Director DSHS Region IV CPS Case Reading Schedule	No	The monitoring system looks at the procedures, not the outcome, nor is frequency of service use looked at. There is staff shortage and budget constraints. The monitoring effort is used for budgeting purposes not for improvement of technology.
V E g. The results of the evaluation should be documented in accordance with guidelines established by the State Agency and a copy of the report should be sent to the State Agency.	"	No	The evaluation is used for regional purposes.

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GUIDELINE IDENTIFICATION/GUIDELINE	SOURCE	CONFORM/ NOT CONFORM	SPECIFY IN WHAT WAYS NOT CONFORM
V A a. The local agency should be responsible for: (1) administering the child protective service units;	DSHS Manual H 54.04	Yes	
V A a. The local agency should be responsible for: (2) strengthening and improving child abuse and neglect prevention and treatment efforts;	DSHS Manual H 54.01	Yes	
V A a. The local agency should be responsible for: (3) encouraging the cooperation and assistance of public, private and parental organizations;	"	Yes	
V A a. The local agency should be responsible for: (4) serving as a local clearinghouse on programs and groups providing child abuse and neglect related human services;	Local CPS Supervisor	Yes	
V A a. The local agency should be responsible for: (5) compiling, publishing and disseminating public, professional and staff educational and training materials as necessary to supplement (or modify for local needs) materials developed by the State;	"	Yes	
V A a. The local agency should be responsible for: (6) providing either directly or indirectly, training and technical assistance to appropriate local agencies, groups and individuals;	DSHS Manual H 54.08	Yes	

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V A a. The local agency should be responsible for: (7) fostering the development of improved or additional programs and activities, the assumption of prevention and treatment responsibilities by additional agencies and groups, and the coordination of existing programs and activities.	DSHS Manual H 54.20	Yes	
V A b. Child protective service units should be established or designated by each local agency. (Section IV, <u>infra.</u> , details child protective service unit investigatory functions.)	DSHS Manual H 54.01	Yes	
V A c. The local agency should be organized to maximize the continuity of responsibility, care, and service of individual workers towards individual children and families.	Local CPS Supervisor	Yes	
V A d. In counties of sufficient size, the child protective service unit should be organized separately from and administered independently of the rest of the local agency. This will encourage the child protective service unit to become a specialized agency whose staff has the experience and training to deal with difficult child protective investigative problems in such areas as law, medicine, social service, and education.	DSHS Manual H 54.04 Local CPS Supervisor	No	State law assigns CPS to be part of DSHS.
V A e. The local agency should cooperate with and enlist the cooperation and participation of appropriate law enforcement agencies, courts and other agencies, groups, or programs providing or concerned with human services related to the prevention, identification or treatment of child abuse and neglect.	DSHS Manual H	Yes	

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GUIDELINE IDENTIFICATION/GUIDELINE	SOURCE	CONFORM/ NOT CONFORM	SPECIFY IN WHAT WAYS NOT CONFORM
V A f. The local agency's cooperation and involvement with the appropriate public and private agencies should include: (1) joint consultation and services;	Local CPS Supervisor	Yes	
V A f. The local agency's cooperation and involvement with the appropriate public and private agencies should include: (2) joint planning;	"	Yes	
V A f. The local agency's cooperation and involvement with the appropriate public and private agencies should include: (3) joint case management;	"	Yes	
V A f. The local agency's cooperation and involvement with the appropriate public and private agencies should include: (4) joint public education and information services;	"	Yes	
V A f. The local agency's cooperation and involvement with the appropriate public and private agencies should include: (5) utilization of each other's facilities;	"	Yes	
V A f. The local agency's cooperation and involvement with the appropriate public and private agencies should include: (6) joint staff development and other training;	"	No	Each trains their own staff.

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V A f. The local agency's cooperation and involvement with the appropriate public and private agencies should include: (7) the creation of inter-disciplinary case diagnostic, case handling, case management, and policy planning teams.	Local CPS Supervisor	No	Had an interdisciplinary team but it dissolved. Now there is only consultation on need basis.
V A g. The local agency should be able to purchase and utilize the services of any public or private agency so long as the agreement ensures the continuity of care and accountability between the two agencies.	"	No	That is a responsibility of the state.
V A h. The local agency should be reimbursed by the State for those services which are purchased by it.	"	Yes	
V B a. The head of the child protective service or his designee should serve as the Team's coordinator.	"	No	No interdisciplinary consultation team exists.
V B b. The coordinator should invite representatives of appropriate health, mental health, social service and law enforcement agencies to become members of the Team.	"	No	No interdisciplinary consultation team exists.
V B c. The Team could be convened to consider when a child should be removed from his home by exploring: (1) whether removal is warranted or necessary;	"	No	No interdisciplinary consultation team exists.

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V B c. The Team could be convened to consider when a child should be removed from his home by exploring: (2) the temporary care alternatives that exist and the one that seems preferable;	Local CPS Supervisor	No	No interdisciplinary consultation team exists.
V B c. The Team could be convened to consider when a child should be removed from his home by exploring: (3) the immediate service needs of the family that have been identified during the investigation.	"	No	No interdisciplinary consultation team exists.
V B d. The Team could review the investigative findings, determine any additional information that is needed, make recommendations on how such information might be obtained, and make an assessment as to the accuracy of the report.	"	No	No interdisciplinary consultation team exists.
V B e. The Team could also provide guidance and assistance, when requested, to case workers in developing long-range treatment plans. (See Standard VI B for additional information on Treatment Plans.)	"	No	No interdisciplinary consultation team exists.
V C a. The Chairman of the "Community Child Protection Advisory Board" should be appointed by the appropriate local chief executive officer.	"	No	There is no "Community Child Protection Advisory Board."

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V C b. The Board should include: (1) representatives of law enforcement agencies, the juvenile (or family) court and appropriate public, private, and parental organizations;	Local CPS Supervisor	No	There is no "Community Child Protection Advisory Board."
V C b. The Board should include: (2) individuals of distinction in medical and social services, law, and community life who are broadly representative of all social and economic groups;	"	No	There is no "Community Child Protection Advisory Board."
V C b. The Board should include: (3) not less than five and not more than fifteen members, of whom at least twenty percent must be individuals of distinction not otherwise representative of a public, private, or parental organization or group.	"	No	There is no "Community Child Protection Advisory Board."
V C c. Individuals appointed to serve on the Committee should be of sufficient stature within their own agencies, and organizations such that their positions fully represent the interests, and reflect the policies, of their own agencies and organizations.	"	No	There is no "Community Child Protection Advisory Board."
V C d. The "Community Child Protection Advisory Board" should be responsible for: (1) facilitating and expediting the delivery of comprehensive child protective services generally;	"	No	There is no "Community Child Protection Advisory Board."

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GUIDELINE IDENTIFICATION/GUIDELINE	SOURCE	CONFORM/ NOT CONFORM	SPECIFY IN WHAT WAYS NOT CONFORM
V C d. The "Community Child Protection Advisory Board" should be responsible for: (2) promoting and participating in the local public education program and local public relations activities, and ensuring that training and education courses and materials are available and utilized;	Local CPS Supervisor	No	There is no "Community Child Protection Advisory Board."
V C d. The "Community Child Protection Advisory Board" should be responsible for: (3) advocating or encouraging the development of new or improved child abuse and neglect programs and activities in the communities, and involving additional agencies and groups, as appropriate;	"	No	There is no "Community Child Protection Advisory Board."
V C d. The "Community Child Protection Advisory Board" should be responsible for: (4) assisting in local efforts to improve the prevention, identification and treatment of child abuse and neglect, both in conjunction with the local agency and the local child protective service and independently;	"	No	There is no "Community Child Protection Advisory Board."
V C d. The "Community Child Protection Advisory Board" should be responsible for: (5) assisting the local child protective agency in the development of their "Local Plan for Child Protective Services" or its equivalent. (See Standard V D for additional information on the "Local Plan.")	"	No	There is no "Community Child Protection Advisory Board."
V C e. In order to reconsider and, possibly, revise existing systems and programs the Board should have the authority to: (1) review a case's treatment progress against the Treatment Plan;	"	No	There is no "Community Child Protection Advisory Board."

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GUIDELINE IDENTIFICATION/GUIDELINE	SOURCE	CONFORM/ NOT CONFORM	SPECIFY IN WHAT WAYS NOT CONFORM
V C e. In order to reconsider and, possibly, revise existing systems and programs the Board should have the authority to: (2) investigate the quality and kind of services offered to families in particular cases;	Local CPS Supervisor	No	There is no "Community Child Protection Advisory Board."
V C e. In order to reconsider and, possibly, revise existing systems and programs the Board should have the authority to: (3) examine confidential child protection agency files for these purposes.	"	No	There is no "Community Child Protection Advisory Board."
V C f. The Board should be authorized to: (1) meet at any time to consider any issue in relation to child abuse and neglect;	"	No	There is no "Community Child Protection Advisory Board."
V C f. The Board should be authorized to: (2) confer with any individuals, groups, and agencies;	"	No	There is no "Community Child Protection Advisory Board."
V C f. The Board should be authorized to: (3) issue reports or recommendations on any subject it deems appropriate.	"	No	There is no "Community Child Protection Advisory Board."
V D a. Each local agency should prepare a "local plan" every two years to be approved by the Community Child Protection Advisory Board and the State <u>Agency</u> .	"	No	County does not have "local" plan. Planning is done on the regional and state levels.

GUIDELINE IDENTIFICATION/GUIDELINE	SOURCE	CONFORM/ NOT CONFORM	SPECIFY IN WHAT WAYS NOT CONFORM
V D b. The Plan should be developed after consultation with the Advisory Board, local law enforcement agencies, the juvenile court (or family or other similar court), other relevant public, private and parental organizations, and individuals of distinction in human services, law and community life who are broadly representative of all social and economic sectors in the community. This consultation should take place before the preparation of the Plan.	Local CPS Supervisor	No	County does not have "local" plan. Planning is done on the regional and state levels.
V D c. The Plan should address the following items: (1) the local agency's existing and projected organization, staffing, methods of operation, financing;	"	No	County does not have "local" plan. Planning is done on the regional and state levels.
V D c. The Plan should address the following items: (2) procedures or programs which have been implemented since submission of the previous Plan as well as procedures or programs which are planned for implementation or are recommended;	"	No	County does not have "local" plan. Planning is done on the regional and state levels.
V D c. The Plan should address the following items: (3) procedures and programs which should be addressed in the Plan should include such things as staff training;	"	No	County does not have "local" plan. Planning is done on the regional and state levels.
V D c. The Plan should address the following items: (3) procedures and programs which should be addressed in the Plan should include such things as public and professional education and training;	"	No	County does not have "local" plan. Planning is done on the regional and state levels.

GUIDELINE IDENTIFICATION/GUIDELINE	SOURCE	CONFORM/ NOT CONFORM	SPECIFY IN WHAT WAYS NOT CONFORM
V D c. The Plan should address the following items: (3) procedures and programs which should be addressed in the Plan should include such things as improvements or development of institutional or other facilities (public or private) to care for children;	Local CPS Supervisor	No	County does not have "local" plan. Planning is done on the local and regional levels.
V D c. The Plan should address the following items: (3) procedures and programs which should be addressed in the Plan should include such things as programs and services, including multidisciplinary ones, to prevent and treat child abuse and neglect;	"	No	County does not have "local" plan. Planning is done on the local and regional levels.
V D c. The Plan should address the following items: (3) procedures and programs which should be addressed in the Plan should include such things as evaluation of staff workload, delays in investigation and required resources lacking;	"	No	County does not have "local" plan. Planning is done on the local and regional levels.
V D c. The Plan should address the following items: (3) procedures and programs which should be addressed in the Plan should include such things as provisions for purchase of services;	"	No	County does not have "local" plan. Planning is done on the local and regional levels.
V D c. The Plan should address the following items: (3) procedures and programs which should be addressed in the Plan should include such things as inter-agency relations, coordination and cooperation;	"	No	County does not have "local" plan. Planning is done on the local and regional levels.

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V D c. The Plan should address the following items: (3) procedures and programs which should be addressed in the Plan should include such things as local agency procedures for the receipt, investigation and verification of reports;	Local CPS Supervisor	No	County does not have "local" plan. Planning is done on the local and regional levels.
V D c. The Plan should address the following items: (3) procedures and programs which should be addressed in the Plan should include such things as terms and conditions under which the local agency may waive an investigation;	"	No	County does not have "local" plan. Planning is done on the local and regional levels.
V D c. The Plan should address the following items: (3) procedures and programs which should be addressed in the Plan should include such things as procedures for determining service needs for parents and children;	"	No	County does not have "local" plan. Planning is done on the local and regional levels.
V D c. The Plan should address the following items: (3) procedures and programs which should be addressed in the Plan should include such things as statistical reporting (e.g., number of cases reported, investigated, founded, etc.);	"	No	County does not have "local" plan. Planning is done on the local and regional levels.
V D c. The Plan should address the following items: (3) procedures and programs which should be addressed in the Plan should include such things as procedures for providing, coordinating, and monitoring preventive and treatment services;	"	No	County does not have "local" plan. Planning is done on the local and regional levels.

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V D c. The Plan should address the following items: (3) procedures and programs which should be addressed in the Plan should include such things as provisions for resort, when necessary, to criminal or juvenile courts;	Local CPS Supervisor	No	County does not have "local" plan. Planning is done on the local and regional levels.
V D c. The Plan should address the following items: (3) procedures and programs which should be addressed in the Plan should include such things as procedures for overall evaluation of prevention, identification, and treatment efforts and the use of results for future planning purposes.	"	No	County does not have "local" plan. Planning is done on the local and regional levels.
V D d. A public hearing on the Plan should be held by the Advisory Board. The Plan should be made available to the public for review and comment for at least 60 days before such a hearing.	"	No	County does not have "local" plan. Planning is done on the local and regional levels.
V D e. The public hearing should take place at least 30 days before the Plan is submitted to the State Agency.	"	No	County does not have "local" plan. Planning is done on the local and regional levels.
V D f. The Plan should be submitted to the State Agency at a time to be established by the State Agency. The Plan submitted should have the approval of the Advisory Board, unless the local agency certifies that, after all reasonable efforts, the local agency and the Advisory Board were not able to develop a mutually agreeable Plan. In such a case, the Advisory Board should have the option of appending to the Plan a statement of its reasons for disapproval.	"	No	County does not have "local" plan. Planning is done on the local and regional levels.

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V D g. The State Agency's approval or disapproval should be granted within 30 days after receipt of the Plan. Absence of approval or disapproval should be considered as approval.	Local CPS Supervisor	No	County does not have "local" plan. Planning is done on the local and regional levels.
V D h. If the Plan is not approved, the State Agency should state the reasons in writing and the local agency should then prepare and submit an amended Plan within the subsequent 45 days. Again, the State Agency should grant approval or disapproval in 30 days. If the amended Plan is not approved, the local agency should prepare another amended Plan and submit it within 30 days. The State Agency should then have an additional 30 days to review the second amended Plan and to approve or disapprove it. At any time thereafter the State Agency should have the option of withholding State reimbursement for all or part of the local agency's activities subject to judicial review as prescribed by State law.	"	No	County does not have "local" plan. Planning is done on the local and regional levels.
V D i. Once approved, the local Plan should be implemented no sooner than 90 days after its submission to the State Agency, i.e., 60 days after approval is granted.	"	No	County does not have "local" plan. Planning is done on the local and regional levels.
V E a. Evaluations should be performed by a team of people assigned to the task on a full-time basis (part-time in smaller communities) through special details, contract, or grant, until the evaluation is concluded.	Regional Office Service Delivery Coordinator	No	CPS is monitored but not evaluated by team.

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V E b. The evaluation team should closely coordinate its efforts with the State agency's special unit for research, evaluation and demonstrations. Needs' assessment strategies, instruments and plans developed by this special State unit should be utilized, as appropriate, in conducting the local evaluation. This will enable information collected in different communities to be analyzed, compared, and used to formulate long-range State plans for research and evaluation.	Regional Office Service Delivery Coordinator	No	CPS is monitored but not evaluated by team
V E c. Information on trends which are available for the community should be obtained from the Central Register, e.g., increase or decrease of cases reported; sources of reports; percentage of cases founded, unfounded, and indicated; number of cases that required more than the established time for the investigation to be completed; increase or decrease in numbers of families being treated; minimum, average, and maximum duration of treatment; treatment services used and frequency of use; number of reports of suspected abuse and neglect made while the family was in treatment as well as after treatment was terminated; correlations among the above categories as appropriate, and so forth.	"	No	Not available.
V E d. During the course of the evaluation effort, the team should closely coordinate its additional information needs with the Central Register staff to determine if the information can be provided and to assess the type of additional information that should be collected and maintained to facilitate subsequent evaluation efforts.	"	No	This is not done in any way.

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V E e. The evaluation should focus on the overall system, i.e., the range of resources that are available in the community (from public awareness and training efforts through delivery of twenty-four hour emergency services and general treatment services); the frequency with which these resources are used; and the correlation between trends and use of resources.	Regional Office Service Delivery Coordinator	No	This information is not available.
V E f. A sample of individual cases should also be evaluated to obtain some specific information on such things as: (1) how the incident was identified, by whom reported, and the influence that public awareness or specific training may have had in identification or reporting;	"	No	This information is not available and sample of cases is not evaluated.
V E f. A sample of individual cases should also be evaluated to obtain some specific information on such things as: (2) duration of investigation, information obtained, individuals involved in collecting information, number of contacts with the family, number and source of interviews and contacts other than family, services offered during investigation, and results;	"	No	This information is not available and sample of cases is not evaluated.

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V E f. A sample of individual cases should also be evaluated to obtain some specific information on such things as: (3) treatment plan goals and services recommended, services actually offered and utilized, services that were indicated but not available, number of times if any that treatment plan had to be changed, frequency of use and continuity of each service, assessment of quality of each service, methods used to coordinate services, number and type of contacts between protective worker(s) and family during treatment, any problems encountered, duration and results of treatment, whether or not treatment met goals in treatment plan, type of post-treatment follow-up performed, stability of family at time of follow-up, etc.	Regional Office Service Delivery Coordinator	No	This information is not available and sample of cases is not evaluated.
V E g. The results of the evaluation should be documented in accordance with guidelines established by the State Agency and a copy of the report should be sent to the State Agency.	"	No	No evaluation is conducted.

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V A a. The local agency should be responsible for: (1) administering the child protective service units;	DSHS Manual H 54.04	Yes	
V A a. The local agency should be responsible for: (2) strengthening and improving child abuse and neglect prevention and treatment efforts;	DSHS Manual H 54.01	Yes	
V A a. The local agency should be responsible for: (3) encouraging the cooperation and assistance of public, private and parental organizations;	DSHS Manual H 54.01	Yes	
V A a. The local agency should be responsible for: (4) serving as a local clearinghouse on programs and groups providing child abuse and neglect related human services;	Local DSHS Administrator	Yes	
V A a. The local agency should be responsible for: (5) compiling, publishing and disseminating public, professional and staff educational and training materials as necessary to supplement (or modify for local needs) materials developed by the State;	"	No	Compiles but does not publish.
V A a. The local agency should be responsible for: (6) providing either directly or indirectly, training and technical assistance to appropriate local agencies, groups and individuals;	DSHS Manual H 54.08	Yes	

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V A a. The local agency should be responsible for: (7) fostering the development of improved or additional programs and activities, the assumption of prevention and treatment responsibilities by additional agencies and groups, and the coordination of existing programs and activities.	DSHS Manual H 54.08 & 54.20 Local DSHS Administrator	Yes	
V A b. Child protective service units should be established or designated by each local agency. (Section IV, <u>infra.</u> , details child protective service unit investigatory functions.)	DSHS Manual H	No	Designated by state within local DSHS agencies.
V A c. The local agency should be organized to maximize the continuity of responsibility, care, and service of individual workers towards individual children and families.	Local DSHS Administrator	Yes	
V A d. In counties of sufficient size, the child protective service unit should be organized separately from and administered independently of the rest of the local agency. This will encourage the child protective service unit to become a specialized agency whose staff has the experience and training to deal with difficult child protective investigative problems in such areas as law, medicine, social service, and education.	DSHS Manual H 54.04	No	State law makes it part of DSHS
V A e. The local agency should cooperate with and enlist the cooperation and participation of appropriate law enforcement agencies, courts and other agencies, groups, or programs providing or concerned with human services related to the prevention, identification or treatment of child abuse and neglect.	DSHS Manual H 54.20	Yes	

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V A f. The local agency's cooperation and involvement with the appropriate public and private agencies should include: (1) joint consultation and services;	Local DSHS Administrator	Yes	
V A f. The local agency's cooperation and involvement with the appropriate public and private agencies should include: (2) joint planning;	"	Yes	
V A f. The local agency's cooperation and involvement with the appropriate public and private agencies should include: (3) joint case management;	"	Yes	
V A f. The local agency's cooperation and involvement with the appropriate public and private agencies should include: (4) joint public education and information services;	"	Yes	
V A f. The local agency's cooperation and involvement with the appropriate public and private agencies should include: (5) utilization of each other's facilities;	"	Yes	
V A f. The local agency's cooperation and involvement with the appropriate public and private agencies should include: (6) joint staff development and other training;	"	No	Each agency does its own staff training and staff development.

GUIDELINE IDENTIFICATION/GUIDELINE	SOURCE	CONFORM/ NOT CONFORM	SPECIFY IN WHAT WAYS NOT CONFORM
V A f. The local agency's cooperation and involvement with the appropriate public and private agencies should include: (7) the creation of inter-disciplinary case diagnostic, case handling, case management, and policy planning teams.	Local DSHS Administrator	No	There is no multidisciplinary team.
V A g. The local agency should be able to purchase and utilize the services of any public or private agency so long as the agreement ensures the continuity of care and accountability between the two agencies.	"	No	Services are purchased on a regional level and only certain types of services may be purchased. There is also a lack of services available in Grant County.
V A h. The local agency should be reimbursed by the State for those services which are purchased by it.	"	No	State purchases services directly.
V B a. The head of the child protective service or his designee should serve as the Team's coordinator.	"	No	There is no multidisciplinary consultation team.
V B b. The coordinator should invite representatives of appropriate health, mental health, social service and law enforcement agencies to become members of the Team.	"	No	There is no multidisciplinary consultation team.
V B c. The Team could be convened to consider when a child should be removed from his home by exploring: (1) whether removal is warranted or necessary;	"	No	There is no multidisciplinary consultation team.

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V B c. The Team could be convened to consider when a child should be removed from his home by exploring: (2) the temporary care alternatives that exist and the one that seems preferable;	Local DSHS Administrator	No	There is no multidisciplinary consultation team.
V B c. The Team could be convened to consider when a child should be removed from his home by exploring: (3) the immediate service needs of the family that have been identified during the investigation.	"	No	There is no multidisciplinary consultation team.
V B d. The Team could review the investigative findings, determine any additional information that is needed, make recommendations on how such information might be obtained, and make an assessment as to the accuracy of the report.	"	No	There is no multidisciplinary consultation team.
V B e. The Team could also provide guidance and assistance, when requested, to case workers in developing long-range treatment plans. (See Standard VI B for additional information on Treatment Plans.)	"	No	There is no multidisciplinary consultation team.
V C a. The Chairman of the "Community Child Protection Advisory Board" should be appointed by the appropriate local chief executive officer.	"	No	There is no "Community Child Protection Advisory Board."

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V C b. The Board should include: (1) representatives of law enforcement agencies, the juvenile (or family) court and appropriate public, private, and parental organizations;	Local DSHS Administrator	No	There is no "Community Child Protection Advisory Board."
V C b. The Board should include: (2) individuals of distinction in medical and social services, law, and community life who are broadly representative of all social and economic groups;	"	No	There is no "Community Child Protection Advisory Board."
V C b. The Board should include: (3) not less than five and not more than fifteen members, of whom at least twenty percent must be individuals of distinction not otherwise representative of a public, private, or parental organization or group.	"	No	There is no "Community Child Protection Advisory Board."
V C c. Individuals appointed to serve on the Committee should be of sufficient stature within their own agencies, and organizations such that their positions fully represent the interests, and reflect the policies, of their own agencies and organizations.	"	No	There is no "Community Child Protection Advisory Board."
V C d. The "Community Child Protection Advisory Board" should be responsible for: (1) facilitating and expediting the delivery of comprehensive child protective services generally;	"	No	There is no "Community Child Protection Advisory Board."

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GUIDELINE IDENTIFICATION/GUIDELINE	SOURCE	CONFORM/ NOT CONFORM	SPECIFY IN WHAT WAYS NOT CONFORM
V C d. The "Community Child Protection Advisory Board" should be responsible for: (2) promoting and participating in the local public education program and local public relations activities, and ensuring that training and education courses and materials are available and utilized;	Local DSHS Administrator	No	There is no "Community Child Protection Advisory Board."
V C d. The "Community Child Protection Advisory Board" should be responsible for: (3) advocating or encouraging the development of new or improved child abuse and neglect programs and activities in the communities, and involving additional agencies and groups, as appropriate;	"	No	There is no "Community Child Protection Advisory Board."
V C d. The "Community Child Protection Advisory Board" should be responsible for: (4) assisting in local efforts to improve the prevention, identification and treatment of child abuse and neglect, both in conjunction with the local agency and the local child protective service and independently;	"	No	There is no "Community Child Protection Advisory Board."
V C d. The "Community Child Protection Advisory Board" should be responsible for: (5) assisting the local child protective agency in the development of their "Local Plan for Child Protective Services" or its equivalent. (See Standard V D for additional information on the "Local Plan.")	"	No	There is no "Community Child Protection Advisory Board."
V C e. In order to reconsider and, possibly, revise existing systems and programs the Board should have the authority to: (1) review a case's treatment progress against the Treatment Plan;	"	No	There is no "Community Child Protection Advisory Board."

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GUIDELINE IDENTIFICATION/GUIDELINE	SOURCE	CONFORM/ NOT CONFORM	SPECIFY IN WHAT WAYS NOT CONFORM
V C e. In order to reconsider and, possibly, revise existing systems and programs the Board should have the authority to: (2) investigate the quality and kind of services offered to families in particular cases;	Local DSHS Administrator	No	There is no "Community Child Protection Advisory Board."
V C e. In order to reconsider and, possibly, revise existing systems and programs the Board should have the authority to: (3) examine confidential child protection agency files for these purposes.	"	No	There is no "Community Child Protection Advisory Board."
V C f. The Board should be authorized to: (1) meet at any time to consider any issue in relation to child abuse and neglect;	"	No	There is no "Community Child Protection Advisory Board."
V C f. The Board should be authorized to: (2) confer with any individuals, groups, and agencies;	"	No	There is no "Community Child Protection Advisory Board."
V C f. The Board should be authorized to: (3) issue reports or recommendations on any subject it deems appropriate.	"	No	There is no "Community Child Protection Advisory Board."
V D a. Each local agency should prepare a "local plan" every two years to be approved by the Community Child Protection Advisory Board and the State <u>Agency</u> .	"	No	The local agency does not develop its own local plan. Planning is done on the state level.

GUIDELINE IDENTIFICATION/GUIDELINE	SOURCE	CONFORM/ NOT CONFORM	SPECIFY IN WHAT WAYS NOT CONFORM
V D b. The Plan should be developed after consultation with the Advisory Board, local law enforcement agencies, the juvenile court (or family or other similar court), other relevant public, private and parental organizations, and individuals of distinction in human services, law and community life who are broadly representative of all social and economic sectors in the community. This consultation should take place before the preparation of the Plan.	Local DSHS Administrator	No	The local agency does not develop its own local plan. Planning is done on the state level.
V D c. The Plan should address the following items: (1) the local agency's existing and projected organization, staffing, methods of operation, financing;	"	No	The local agency does not develop its own local plan. Planning is done on the state level.
V D c. The Plan should address the following items: (2) procedures or programs which have been implemented since submission of the previous Plan as well as procedures or programs which are planned for implementation or are recommended;	"	No	The local agency does not develop its own local plan. Planning is done on the state level.
V D c. The Plan should address the following items: (3) procedures and programs which should be addressed in the Plan should include such things as staff training;	"	No	The local agency does not develop its own local plan. Planning is done on the state level.
V D c. The Plan should address the following items: (3) procedures and programs which should be addressed in the Plan should include such things as public and professional education and training;	"	No	The local agency does not develop its own local plan. Planning is done on the state level.

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GUIDELINE IDENTIFICATION/GUIDELINE	SOURCE	CONFORM/ NOT CONFORM	SPECIFY IN WHAT WAYS NOT CONFORM
V D c. The Plan should address the following items: (3) procedures and programs which should be addressed in the Plan should include such things as improvements or development of institutional or other facilities (public or private) to care for children;	Local DSHS Administrator	No	The local agency does not develop its own local plan. Planning is done on the state level.
V D c. The Plan should address the following items: (3) procedures and programs which should be addressed in the Plan should include such things as programs and services, including multidisciplinary ones, to prevent and treat child abuse and neglect;	"	No	The local agency does not develop its own local plan. Planning is done on the state level.
V D c. The Plan should address the following items: (3) procedures and programs which should be addressed in the Plan should include such things as evaluation of staff workload, delays in investigation and required resources lacking;	"	No	The local agency does not develop its own local plan. Planning is done on the state level.
V D c. The Plan should address the following items: (3) procedures and programs which should be addressed in the Plan should include such things as provisions for purchase of services;	"	No	The local agency does not develop its own local plan. Planning is done on the state level.
V D c. The Plan should address the following items: (3) procedures and programs which should be addressed in the Plan should include such things as inter-agency relations, coordination and cooperation;	"	No	The local agency does not develop its own local plan. Planning is done on the state level.

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GUIDELINE IDENTIFICATION/GUIDELINE	SOURCE	CONFORM/ NOT CONFORM	SPECIFY IN WHAT WAYS NOT CONFORM
V D c. The Plan should address the following items: (3) procedures and programs which should be addressed in the Plan should include such things as local agency procedures for the receipt, investigation and verification of reports;	Local DSHS Administrator	No	The local agency does not develop its own local plan. Planning is done on the state level.
V D c. The Plan should address the following items: (3) procedures and programs which should be addressed in the Plan should include such things as terms and conditions under which the local agency may waive an investigation;	"	No	The local agency does not develop its own local plan. Planning is done on the state level.
V D c. The Plan should address the following items: (3) procedures and programs which should be addressed in the Plan should include such things as procedures for determining service needs for parents and children;	"	No	The local agency does not develop its own local plan. Planning is done on the state level.
V D c. The Plan should address the following items: (3) procedures and programs which should be addressed in the Plan should include such things as statistical reporting (e.g., number of cases reported, investigated, founded, etc.);	"	No	The local agency does not develop its own local plan. Planning is done on the state level.
V D c. The Plan should address the following items: (3) procedures and programs which should be addressed in the Plan should include such things as procedures for providing, coordinating, and monitoring preventive and treatment services;	"	No	The local agency does not develop its own local plan. Planning is done on the state level.

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GUIDELINE IDENTIFICATION/GUIDELINE	SOURCE	CONFORM/ NOT CONFORM	SPECIFY IN WHAT WAYS NOT CONFORM
V D c. The Plan should address the following items: (3) procedures and programs which should be addressed in the Plan should include such things as provisions for resort, when necessary, to criminal or juvenile courts;	Local DSHS Administrator	No	The local agency does not develop its own local plan. Planning is done on the state level.
V D c. The Plan should address the following items: (3) procedures and programs which should be addressed in the Plan should include such things as procedures for overall evaluation of prevention, identification, and treatment efforts and the use of results for future planning purposes.	"	No	The local agency does not develop its own local plan. Planning is done on the state level.
V D d. A public hearing on the Plan should be held by the Advisory Board. The Plan should be made available to the public for review and comment for at least 60 days before such a hearing.	"	No	The local agency does not develop its own local plan. Planning is done on the state level.
V D e. The public hearing should take place at least 30 days before the Plan is submitted to the State Agency.	"	No	The local agency does not develop its own local plan. Planning is done on the state level.
V D f. The Plan should be submitted to the State Agency at a time to be established by the State Agency. The Plan submitted should have the approval of the Advisory Board, unless the local agency certifies that, after all reasonable efforts, the local agency and the Advisory Board were not able to develop a mutually agreeable Plan. In such a case, the Advisory Board should have the option of appending to the Plan a statement of its reasons for disapproval.	"	No	The local agency does not develop its own local plan. Planning is done on the state level.

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GUIDELINE IDENTIFICATION/GUIDELINE	SOURCE	CONFORM/ NOT CONFORM	SPECIFY IN WHAT WAYS NOT CONFORM
V D g. The State Agency's approval or disapproval should be granted within 30 days after receipt of the Plan. Absence of approval or disapproval should be considered as approval.	Local DSHS Administrator	No	The local agency does not develop its own local plan. Planning is done on the state level.
V D h. If the Plan is not approved, the State Agency should state the reasons in writing and the local agency should then prepare and submit an amended Plan within the subsequent 45 days. Again, the State Agency should grant approval or disapproval in 30 days. If the amended Plan is not approved, the local agency should prepare another amended Plan and submit it within 30 days. The State Agency should then have an additional 30 days to review the second amended Plan and to approve or disapprove it. At any time thereafter the State Agency should have the option of withholding State reimbursement for all or part of the local agency's activities subject to judicial review as prescribed by State law.	"	No	The local agency does not develop its own local plan. Planning is done on the state level.
V D i. Once approved, the local Plan should be implemented no sooner than 90 days after its submission to the State Agency, i.e., 60 days after approval is granted.	"	No	The local agency does not develop its own local plan. Planning is done on the state level.
V E a. Evaluations should be performed by a team of people assigned to the task on a full-time basis (part-time in smaller communities) through special details, contract, or grant, until the evaluation is concluded.	"	No	No formal evaluation done.

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V E b. The evaluation team should closely coordinate its efforts with the State agency's special unit for research, evaluation and demonstrations. Needs' assessment strategies, instruments and plans developed by this special State unit should be utilized, as appropriate, in conducting the local evaluation. This will enable information collected in different communities to be analyzed, compared, and used to formulate long-range State plans for research and evaluation.	Local DSHS Administrator	No	No formal evaluation done.
V E c. Information on trends which are available for the community should be obtained from the Central Register, e.g., increase or decrease of cases reported; sources of reports; percentage of cases founded, unfounded, and indicated; number of cases that required more than the established time for the investigation to be completed; increase or decrease in numbers of families being treated; minimum, average, and maximum duration of treatment; treatment services used and frequency of use; number of reports of suspected abuse and neglect made while the family was in treatment as well as after treatment was terminated; correlations among the above categories as appropriate, and so forth.	"	No	How the incident was identified and the increase or decrease of cases reported are monitored on local level. The Central Registry does not keep such detailed information about treatment, etc.
V E d. During the course of the evaluation effort, the team should closely coordinate its additional information needs with the Central Register staff to determine if the information can be provided and to assess the type of additional information that should be collected and maintained to facilitate subsequent evaluation efforts.	"	No	No evaluation is done by team.

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GUIDELINE IDENTIFICATION/GUIDELINE	SOURCE	CONFORM/ NOT CONFORM	SPECIFY IN WHAT WAYS NOT CONFORM
V E e. The evaluation should focus on the overall system, i.e., the range of resources that are available in the community (from public awareness and training efforts through delivery of twenty-four hour emergency services and general treatment services); the frequency with which these resources are used; and the correlation between trends and use of resources.	Local CWS Supervisor	No	An overall evaluation of community resources has not been done.
V E f. A sample of individual cases should also be evaluated to obtain some specific information on such things as: (1) how the incident was identified, by whom reported, and the influence that public awareness or specific training may have had in identification or reporting;	"	No	All cases are looked at--not just samples. A sample is not needed since there are so few CPS cases.
V E f. A sample of individual cases should also be evaluated to obtain some specific information on such things as: (2) duration of investigation, information obtained, individuals involved in collecting information, number of contacts with the family, number and source of interviews and contacts other than family, services offered during investigation, and results;	"	No	Not recorded. No samples are taken. Only one person collects information--only for court reports, etc. and progress report. Same as above, do have record but no sample. No formal evaluation is done

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GUIDELINE IDENTIFICATION/GUIDELINE	SOURCE	CONFORM/ NOT CONFORM	SPECIFY IN WHAT WAYS NOT CONFORM
V E f. A sample of individual cases should also be evaluated to obtain some specific information on such things as: (3) treatment plan goals and services recommended, services actually offered and utilized, services that were indicated but not available, number of times if any that treatment plan had to be changed, frequency of use and continuity of each service, assessment of quality of each service, methods used to coordinate services, number and type of contacts between protective worker(s) and family during treatment, any problems encountered, duration and results of treatment, whether or not treatment met goals in treatment plan, type of post-treatment follow-up performed, stability of family at time of follow-up, etc.	Local CWS Supervisor	No	No formal evaluation is done.
V E g. The results of the evaluation should be documented in accordance with guidelines established by the State Agency and a copy of the report should be sent to the State Agency.	"	No	No formal evaluation is done.

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GUIDELINE IDENTIFICATION/GUIDELINE	SOURCE	CONFORM/ NOT CONFORM	SPECIFY IN WHAT WAYS NOT CONFORM
VI A f. The local agency designated to coordinate treatment should have a sufficient number of caseworkers who are qualified to work with and help treat families with problems of abuse and neglect.	Local CPS Supervisor	Yes	
VI B a. The Treatment Plan should consider needs of all family members, but most importantly the child's.	DSHS Manual H 54.28 2.f 54.08	Yes	
VI B b. Both short-range and long-range treatment goals should be defined and included in the Plan.	Local CPS Supervisor	Yes	
VI B c. In assessing service needs and priorities, the following guidelines should be used: (1) whenever possible a child should remain in his home.	Region IV Policy/Procedures for CPS	Yes	
VI B c. In assessing service needs and priorities, the following guidelines should be used: (2) when a child's safety requires separation from his parents, every effort should be made to make the placement elsewhere as temporary as possible and the location as accessible as possible to the family's home so that frequent visitation will be encouraged.	"	Yes	
VI B d. Once service and treatment requirements are determined, the resource that will be used to provide each service should be identified, and the relationship between each treatment goal and the treatment service(s) to be used should be defined.	Local CPS Supervisor	Yes	

GUIDELINE IDENTIFICATION/GUIDELINE	SOURCE	CONFORM/ NOT CONFORM	SPECIFY IN WHAT WAYS NOT CONFORM
VI B e. The Plan should be reviewed with the Inter-disciplinary Team and with the Community Child Protection Advisory Board in those situations where the specific treatment needs are not clear; when it is questionable whether or not the child can safely remain in his home; or when numerous community resources and treatment services must be coordinated.	Local CPS Supervisor	No	No consultation team exists.
VI B f. The final Treatment Plan should be documented in accordance with guidelines established by the State agency.	Region IV Policy/Procedures for CPS IV B & C, V	Yes	
VI B g. The child protective service should first offer the Treatment Plan to the parents or other person responsible for the child's welfare for their voluntary acceptance.	Local CPS Supervisor	Yes	
VI B h. If the Treatment Plan is refused, and the child protective service deems that the best interest of the child so requires, the service should seek appropriate Court action.	DSHS Manual H 54.20 (2)	Yes	
VI C a. Formalized agreements should exist whereby the local agency can purchase preventive and treatment services from other public or private agencies for families that need them.	Local CPS Supervisor	Yes	

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GUIDELINE IDENTIFICATION/GUIDELINE	SOURCE	CONFORM/ NOT CONFORM	SPECIFY IN WHAT WAYS NOT CONFORM
VI C b. A schedule for providing the services and treatment outlined in the Plan should be developed which coordinates both the needs and requirements of the family and those of the service and treatment providers.	Local CPS Supervisor	Yes	
VI C c. When serious problems of coordination or service delivery occur, the case should be reviewed with the Community Child Protection Advisory Board.	"	No	Cases are not reviewed with "Council for the Prevention of Child Abuse/Neglect."
VI C d. One individual in the local agency should be designated to maintain frequent and supportive contact with the family, monitor a family's treatment progress, assure continuity of treatment, assure that referral services are used as planned, and continually assess the safety of all children in the home.	"	Yes	
VI C e. The local agency should develop standardized forms and procedures for documenting telephone and personal contacts with a family and with agencies providing treatment or services.	"	Yes	
VI C f. Reviews of treatment progress and effectiveness should be made on a regular and planned basis by the caseworker assigned to monitor treatment, by the supervisor(s) and as appropriate depending on the severity or complexity of the case by the interdisciplinary Team and the Community Child Protection Advisory Board. These reviews should include an assessment of the quality and quantity of all services offered to the family as well as the family's ability to utilize those services.	Region IV Policy/Procedures for CPS X C	Yes	

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GUIDELINE IDENTIFICATION/GUIDELINE	SOURCE	CONFORM/ NOT CONFORM	SPECIFY IN WHAT WAYS NOT CONFORM
VI C g. The results of each review of treatment should also be checked against the Treatment Plan to determine: (1) any changes that may need to be made to the Plan; (2) whether or not the treatment is progressing as anticipated; (3) any problems that need to be addressed; (4) whether or not any change should be made in the child or children's status; and (5) whether or not treatment can be terminated.	Local CPS Supervisor	Yes	
VI C h. The results of each review of treatment progress and effectiveness should be documented on standardized forms, as prescribed by the local agency, in a manner that will provide the information needed for preparation of Treatment Progress Reports.	"	No	There is no written progress report, but cases are reviewed periodically and that is documented.
VI C i. Treatment Progress Reports should be sent to the Central Register, in those States that elect to maintain information on treatment progress, every ninety days after the Treatment Plan is submitted and until the case is closed. The Progress Reports should provide the information described in the State Agency's information collection and reporting procedures. The Report, which would be used to update the Central Register, should therefore address such things as: (1) any additional services being used (from those in the Plan) and the providers; (2) any services which have been discontinued, with reasons and conclusions on effectiveness; (3) services, if any, which were recommended but not utilized by the family and reasons; (4) corrections, as necessary, to the estimated length of treatment contained in the Treatment Plan; (5) changes, if any, to the family's status.	"	No	Washington State Registry does not maintain information on treatment.

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GUIDELINE IDENTIFICATION/GUIDELINE	SOURCE	CONFORM/ NOT CONFORM	SPECIFY IN WHAT WAYS NOT CONFORM
VI A f. The local agency designated to coordinate treatment should have a sufficient number of caseworkers who are qualified to work with and help treat families with problems of abuse and neglect.	Local CPS Supervisor	No	There is a shortage of caseworkers.
VI B a. The Treatment Plan should consider needs of all family members, but most importantly the child's.	DSHS Manual H 54.28	Yes	
VI B b. Both short-range and long-range treatment goals should be defined and included in the Plan.	Local CPS Supervisor	Yes	
VI B c. In assessing service needs and priorities, the following guidelines should be used: (1) whenever possible a child should remain in his home.	"	Yes	
VI B c. In assessing service needs and priorities, the following guidelines should be used: (2) when a child's safety requires separation from his parents, every effort should be made to make the placement elsewhere as temporary as possible and the location as accessible as possible to the family's home so that frequent visitation will be encouraged.	"	Yes	
VI B d. Once service and treatment requirements are determined, the resource that will be used to provide each service should be identified, and the relationship between each treatment goal and the treatment service(s) to be used should be defined.	"	Yes	

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GUIDELINE IDENTIFICATION/GUIDELINE	SOURCE	CONFORM/ NOT CONFORM	SPECIFY IN WHAT WAYS NOT CONFORM
VI B e. The Plan should be reviewed with the Interdisciplinary Team and with the Community Child Protection Advisory Board in those situations where the specific treatment needs are not clear; when it is questionable whether or not the child can safely remain in his home; or when numerous community resources and treatment services must be coordinated.	Local CPS Supervisor	No	The interdisciplinary team and Child Protection Advisory Board do not exist.
VI B f. The final Treatment Plan should be documented in accordance with guidelines established by the State agency.	"	Yes	
VI B g. The child protective service should first offer the Treatment Plan to the parents or other person responsible for the child's welfare for their voluntary acceptance.	"	Yes	
VI B h. If the Treatment Plan is refused, and the child protective service deems that the best interest of the child so requires, the service should seek appropriate Court action.	DSHS Manual H 54.20	Yes	
VI C a. Formalized agreements should exist whereby the local agency can purchase preventive and treatment services from other public or private agencies for families that need them.	Local CPS Supervisor	Yes	

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GUIDELINE IDENTIFICATION/GUIDELINE	SOURCE	CONFORM/ NOT CONFORM	SPECIFY IN WHAT WAYS NOT CONFORM
VI C b. A schedule for providing the services and treatment outlined in the Plan should be developed which coordinates both the needs and requirements of the family and those of the service and treatment providers.	Local CPS Supervisor	Yes	
VI C c. When serious problems of coordination or service delivery occur, the case should be reviewed with the Community Child Protection Advisory Board.	"	No	There is no Community Child Protection Advisory Board.
VI C d. One individual in the local agency should be designated to maintain frequent and supportive contact with the family, monitor a family's treatment progress, assure continuity of treatment, assure that referral services are used as planned, and continually assess the safety of all children in the home.	"	Yes	
VI C e. The local agency should develop standardized forms and procedures for documenting telephone and personal contacts with a family and with agencies providing treatment or services.	"	Yes	
VI C f. Reviews of treatment progress and effectiveness should be made on a regular and planned basis by the caseworker assigned to monitor treatment, by the supervisor(s) and as appropriate depending on the severity or complexity of the case by the interdisciplinary Team and the Community Child Protection Advisory Board. These reviews should include an assessment of the quality and quantity of all services offered to the family as well as the family's ability to utilize those services.	"	Yes	

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GUIDELINE IDENTIFICATION/GUIDELINE	SOURCE	CONFORM/ NOT CONFORM	SPECIFY IN WHAT WAYS NOT CONFORM
VI C g. The results of each review of treatment should also be checked against the Treatment Plan to determine: (1) any changes that may need to be made to the Plan; (2) whether or not the treatment is progressing as anticipated; (3) any problems that need to be addressed; (4) whether or not any change should be made in the child or children's status; and (5) whether or not treatment can be terminated.	Local CPS Supervisor	Yes	
VI C h. The results of each review of treatment progress and effectiveness should be documented on standardized forms, as prescribed by the local agency, in a manner that will provide the information needed for preparation of Treatment Progress Reports.	"	Yes	
VI C i. Treatment Progress Reports should be sent to the Central Register, in those States that elect to maintain information on treatment progress, every ninety days after the Treatment Plan is submitted and until the case is closed. The Progress Reports should provide the information described in the State Agency's information collection and reporting procedures. The Report, which would be used to update the Central Register, should therefore address such things as: (1) any additional services being used (from those in the Plan) and the providers; (2) any services which have been discontinued, with reasons and conclusions on effectiveness; (3) services, if any, which were recommended but not utilized by the family and reasons; (4) corrections, as necessary, to the estimated length of treatment contained in the Treatment Plan; (5) changes, if any, to the family's status.	"	No	Central Registry does not ask for treatment plan.

GUIDELINE IDENTIFICATION/GUIDELINE	SOURCE	CONFORM/ NOT CONFORM	SPECIFY IN WHAT WAYS NOT CONFORM
VI A f. The local agency designated to coordinate treatment should have a sufficient number of caseworkers who are qualified to work with and help treat families with problems of abuse and neglect.	Local DSHS Administrator	Yes	
VI B a. The Treatment Plan should consider needs of all family members, but most importantly the child's.	DSHS Manual H 54.28 & 54.08	Yes	
VI B b. Both short-range and long-range treatment goals should be defined and included in the Plan.	Local DSHS Supervisor	Yes	
VI B c. In assessing service needs and priorities, the following guidelines should be used: (1) whenever possible a child should remain in his home.	"	Yes	
VI B c. In assessing service needs and priorities, the following guidelines should be used: (2) when a child's safety requires separation from his parents, every effort should be made to make the placement elsewhere as temporary as possible and the location as accessible as possible to the family's home so that frequent visitation will be encouraged.	"	Yes	
VI B d. Once service and treatment requirements are determined, the resource that will be used to provide each service should be identified, and the relationship between each treatment goal and the treatment service(s) to be used should be defined.	"	Yes	

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GUIDELINE IDENTIFICATION/GUIDELINE	SOURCE	CONFORM/ NOT CONFORM	SPECIFY IN WHAT WAYS NOT CONFORM
VI B e. The Plan should be reviewed with the Inter-disciplinary Team and with the Community Child Protection Advisory Board in those situations where the specific treatment needs are not clear; when it is questionable whether or not the child can safely remain in his home; or when numerous community resources and treatment services must be coordinated.	Local DSHS Administrator	No	There is no Community Child Protection Advisory Council.
VI B f. The final Treatment Plan should be documented in accordance with guidelines established by the State agency.	"	Yes	
VI B g. The child protective service should first offer the Treatment Plan to the parents or other person responsible for the child's welfare for their voluntary acceptance.	"	Yes	
VI B h. If the Treatment Plan is refused, and the child protective service deems that the best interest of the child so requires, the service should seek appropriate Court action.	DSHS Manual H 54.20	Yes	
VI C a. Formalized agreements should exist whereby the local agency can purchase preventive and treatment services from other public or private agencies for families that need them.	Local DSHS Administrator	Yes	(But there is a lack of services available.)

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GUIDELINE IDENTIFICATION/GUIDELINE	SOURCE	CONFORM/ NOT CONFORM	SPECIFY IN WHAT WAYS NOT CONFORM
VI C b. A schedule for providing the services and treatment outlined in the Plan should be developed which coordinates both the needs and requirements of the family and those of the service and treatment providers.	Local DSHS Administrator	No	Cannot be because there is a lack of services available in Grant County.
VI C c. When serious problems of coordination or service delivery occur, the case should be reviewed with the Community Child Protection Advisory Board.	"	No	There is no Community Child Protection Advisory Board.
VI C d. One individual in the local agency should be designated to maintain frequent and supportive contact with the family, monitor a family's treatment progress, assure continuity of treatment, assure that referral services are used as planned, and continually assess the safety of all children in the home.	"	Yes	
VI C e. The local agency should develop standardized forms and procedures for documenting telephone and personal contacts with a family and with agencies providing treatment or services.	"	Yes	
VI C f. Reviews of treatment progress and effectiveness should be made on a regular and planned basis by the caseworker assigned to monitor treatment, by the supervisor(s) and as appropriate depending on the severity or complexity of the case by the Interdisciplinary Team and the Community Child Protection Advisory Board. These reviews should include an assessment of the quality and quantity of all services offered to the family as well as the family's ability to utilize those services.	"	Yes	

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GUIDELINE IDENTIFICATION/GUIDELINE	SOURCE	CONFORM/ NOT CONFORM	SPECIFY IN WHAT WAYS NOT CONFORM
VI C g. The results of each review of treatment should also be checked against the Treatment Plan to determine: (1) any changes that may need to be made to the Plan; (2) whether or not the treatment is progressing as anticipated; (3) any problems that need to be addressed; (4) whether or not any change should be made in the child or children's status; and (5) whether or not treatment can be terminated.	Local DSHS Administrator	Yes	
VI C h. The results of each review of treatment progress and effectiveness should be documented on standardized forms, as prescribed by the local agency, in a manner that will provide the information needed for preparation of Treatment Progress Reports.	"	Yes	
VI C i. Treatment Progress Reports should be sent to the Central Register, in those States that elect to maintain information on treatment progress, every ninety days after the Treatment Plan is submitted and until the case is closed. The Progress Reports should provide the information described in the State Agency's information collection and reporting procedures. The Report, which would be used to update the Central Register, should therefore address such things as: (1) any additional services being used (from those in the Plan) and the providers; (2) any services which have been discontinued, with reasons and conclusions on effectiveness; (3) services, if any, which were recommended but not utilized by the family and reasons; (4) corrections, as necessary, to the estimated length of treatment contained in the Treatment Plan; (5) changes, if any, to the family's status.	"	No	Plan is not sent to Registry. Washington State does not maintain information on treatment.

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GUIDELINE IDENTIFICATION/GUIDELINE	SOURCE	CONFORM/ NOT CONFORM	SPECIFY IN WHAT WAYS NOT CONFORM
VII A b. All community agencies and facilities in which children are placed should be fully accredited and licensed by the State, which <u>should professionally monitor and evaluate these community agencies and facilities on a regular basis.</u> (See Standard VII D for additional information on monitoring.)	State Child Protective Services Specialist	Yes	
VII A c. The community should provide services of comparable quality to children at all socio-economic levels. No child should be denied needed residential treatment because his family is unable to pay for it.	"	Yes	
VII A d. An institution's facilities should provide adequate shelter, food, and clothing as well as appropriate educational, recreational, and medical services to every child in care. Specifically: (1) the shelter provided to a child should be designed to protect his safety and health and at the same time it should approximate a normal home living arrangement as closely as possible. For example, the utilization of services of cottages to comprise a large institutional setting is preferable to one, massive, dormitory-like structure.	"	Yes	731

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GUIDELINE IDENTIFICATION/GUIDELINE	SOURCE	CONFORM/ NOT CONFORM	SPECIFY IN WHAT WAYS NOT CONFORM
VII A d. An institution's facilities should provide adequate shelter, food, and clothing as well as appropriate educational, recreational, and medical services to every child in care. Specifically: (2) the food provided to a child by a residential "institution" (or agency foster parents) should be nutritious, substantial, and varied. There should also be some flexibility in the distribution of meal services in congregate settings so that residents are not required to consistently have their meals together.	State Child Protective Services Specialist	Yes	
VII A d. An institution's facilities should provide adequate shelter, food, and clothing as well as appropriate educational, recreational, and medical services to every child in care. Specifically: (3) the clothing provided to each child should be varied and of good quality. Older children should be permitted to choose their own clothes and offered a budget allowance for this purpose. Children should be entitled to keep their own clothing and other personal possessions in a secure place rather than being clothed from an impersonal communal wardrobe.	"	Yes	
VII A d. An institution's facilities should provide adequate shelter, food, and clothing as well as appropriate educational, recreational, and medical services to every child in care. Specifically: (4) the educational opportunities provided to each child should be at least as good as those which are available in the community. Whenever possible, a child should attend a community school. When special education is needed, it should be provided through community resources if possible. Otherwise, the institution should seek to develop alternative educational resources under its own auspices. Every child capable of doing so should be encouraged to complete high school and to pursue vocational interests or college-level endeavors.	"	No	Only those showing high performance in high school are encouraged to pursue college-level efforts.

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GUIDELINE IDENTIFICATION/GUIDELINE	SOURCE	CONFORM/ NOT CONFORM	SPECIFY IN WHAT WAYS NOT CONFORM
VII A d. An institution's facilities should provide adequate shelter, food, and clothing as well as appropriate educational, recreational, and medical services to every child in care. Specifically: (5) the recreational outlets afforded to a child should closely parallel those that are available in the community. Opportunity should exist for informal play as well as more structured social and recreational activities.	State Child Protective Services Specialist	Yes	
VII A d. An institution's facilities should provide adequate shelter, food, and clothing as well as appropriate educational, recreational, and medical services to every child in care. Specifically: (6) the medical services provided by an institution should include provision, on a regular basis, for all of a child's regular medical and dental needs. In addition, any social work and psychiatric services needed should be provided or secured.	"	Yes	
VII A d. An institution's facilities should provide adequate shelter, food, and clothing as well as appropriate educational, recreational, and medical services to every child in care. Specifically: (7) in no instance should medication be administered as a control measure except under competent medical supervision and accompanied by suitable psychotherapeutic support services.	"	Yes	
VII A d. An institution's facilities should provide adequate shelter, food, and clothing as well as appropriate educational, recreational, and medical services to every child in care. Specifically: (8) whenever special clinical services are needed, i.e., psychotherapeutic, medical, or dental, the institution should promptly secure them (from the community, if possible), on the child's behalf.	"	Yes	

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GUIDELINE IDENTIFICATION/GUIDELINE	SOURCE	CONFORM/ NOT CONFORM	SPECIFY IN WHAT WAYS NOT CONFORM
VII A e. Each institution's treatment philosophy and policies--as reflected in its programs and services--should provide for each child's emotional and developmental needs. Equity of care, i.e., a non-discriminatory approach, should be demonstrated throughout the range of programs and services.	DSHS Manual H 54.08	Yes	
VII A f. An institution's administration and staff should demonstrate sufficient professional knowledge and skill to enable them to adequately meet each child's needs.	State Child Protective Services Specialist	Yes	
VII A g. Institutions should maintain policies which encourage community and family participation in programming and other institutional activities.	" DSHS Manual H	Yes	
VII A h. Emphasis should be placed on the two service goals of providing a child: (1) with those services that will promote his reintegration into normal community life;	DSHS Manual H 54.08	Yes	
VII A h. Emphasis should be placed on the two service goals of providing a child: (2) with enhanced adaptive skills for normal community life.	State Child Protective Services Specialist	Yes	

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GUIDELINE IDENTIFICATION/GUIDELINE	SOURCE	CONFORM/ NOT CONFORM	SPECIFY IN WHAT WAYS NOT CONFORM
VII B a. The State Agency should designate, through a written agreement, the public or private agency or agencies (or formal, special committee) that should investigate reports of known or suspected child abuse and neglect.	State Child Protective Services Specialist	Yes	
VII B b. The designated agency or agencies should be different from and separately administered from the one involved in the alleged acts or omissions. Subject to this limitation, the agency may be the State Agency, the local child protective service, or a law enforcement agency.	"	Yes	
VII B c. The State Agency, when necessary, should be able to purchase the services of the public or private agency designated to investigate reports of known or suspected child abuse and neglect.	"	Yes	
VII B d. The written agreement with the designated agency or agencies should specify the terms and conditions of the designation, addressing such things as the following: (1) reports of institutional child abuse and neglect are expected to be made using the single statewide telephone number;	DSHS Manual G 54.2f	Yes	
VII B d. The written agreement with the designated agency or agencies should specify the terms and conditions of the designation, addressing such things as the following: (2) the State agency will immediately transmit the reported information to the investigative agency;	DSHS Manual G 54.56	Yes	

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VII B d. The written agreement with the designated agency or agencies should specify the terms and conditions of the designation, addressing such things as the following: (3) the investigative agency should have the capability to receive reports and initiate an emergency investigation 24 hours a day, seven days a week.	State Child Protective Services Specialist	No	Depends upon the seriousness of the allegation--must be within 48 hours.
VII B e. Procedures for conducting an investigation of suspected or known child abuse and neglect should be developed by the State agency in conjunction with the agency or agencies designated to perform investigations. These procedures, which should be described in the written agreement, should include the following points: (1) upon initiating an investigation the reported information and the reliability of the reporting source should be evaluated and the actual whereabouts and <u>conditions</u> of the subject child should be verified;	DSHS Manual G 54.20	Yes	
VII B e. Procedures for conducting an investigation of suspected or known child abuse and neglect should be developed by the State agency in conjunction with the agency or agencies designated to perform investigations. These procedures, which should be described in the written agreement, should include the following points: (2) in emergency situations where a child's safety may be endangered, the agency should begin the investigation immediately;	State Child Protective Services Specialist	Yes	
VII B e. Procedures for conducting an investigation of suspected or known child abuse and neglect should be developed by the State agency in conjunction with the agency or agencies designated to perform investigations. These procedures, which should be described in the written agreement, should include the following points: (3) in all other situations the investigation should be commenced within 24 hours;	DSHS Manual H 54.28	No	Required investigation be initiated within 48 hours.

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VII B e. Procedures for conducting an investigation of suspected or known child abuse and neglect should be developed by the State agency in conjunction with the agency or agencies designated to perform investigations. These procedures, which should be described in the written agreement, should include the following points: (4) the institution in which the abuse and neglect is alleged to have occurred should be notified of the report and told who will be performing the independent investigation. The subject institution should also be asked to initiate its own evaluation of the alleged situation.	State Child Protective Services Specialist	Yes	
VII B e. Procedures for conducting an investigation of suspected or known child abuse and neglect should be developed by the State agency in conjunction with the agency or agencies designated to perform investigations. These procedures, which should be described in the written agreement, should include the following points: (5) representatives of the investigatory agency should see the child at the earliest possible time. If the child is still in the institution in which the alleged abuse and neglect occurred, an assessment should be made whether the child should be moved to another institution to insure his safety, or whether the child can safely remain in the institution with some administrative safeguards.	Local CPS Supervisor	Yes	
VII B e. Procedures for conducting an investigation of suspected or known child abuse and neglect should be developed by the State agency in conjunction with the agency or agencies designated to perform investigations. These procedures, which should be described in the written agreement, should include the following points: (6) the fact that the subject institution initiates an investigation should not in any way limit the thoroughness and comprehensiveness of the independent investigation.	State Child Protective Services Specialist	Yes	

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VII B e. Procedures for conducting an investigation of suspected or known child abuse and neglect should be developed by the State agency in conjunction with the agency or agencies designated to perform investigations. These procedures, which should be described in the written agreement, should include the following points: (7) parallel public agencies involved with the child and the institution should also be informed of the allegation. Such agencies may be helpful in providing additional information which might have significant bearing on the evaluation and investigation as well as on any subsequent corrective remedies.	State Child Protective Services Specialist	Yes	
VII B e. Procedures for conducting an investigation of suspected or known child abuse and neglect should be developed by the State agency in conjunction with the agency or agencies designated to perform investigations. These procedures, which should be described in the written agreement, should include the following points: (8) during the investigation, information related to the allegation should be gathered from the following sources: the individual who made the report, institution personnel, the child, parents, and collateral community resources such as medical or educational resources to determine if the child has been deprived of any services that are appropriate to his needs.	"	Yes	
VII B e. Procedures for conducting an investigation of suspected or known child abuse and neglect should be developed by the State agency in conjunction with the agency or agencies designated to perform investigations. These procedures, which should be described in the written agreement, should include the following points: (9) if appropriate, medical and/or psychological assessments of the child should be obtained.	"	Yes	

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VII B g. The institution under investigation should be able to fully participate in the review and assessment of all relevant facts which pertain to the allegation (except those necessitating the disclosure of individuals' identities which would breach confidentiality agreements). The subject institution should also be given the opportunity to share the results of its own inquiry and to state its reactions to the allegations and to the investigation.	State Child Protective Services Specialist	Yes	
VII B h. If there is a confirmation and substantiation by the State-designated authority that the report is indicated, the institution should be given the opportunity to consider the matter and to investigate further, if necessary. The additional period of time granted to the subject institution should not exceed two weeks.	"	Yes	
VII B i. The final investigative conclusions should be documented in a report and submitted to the State department for its review and the appropriate action, <u>including referral to licensing and law enforcement authorities.</u>	"	Yes	
VII C a. The institution in which the child abuse and neglect was indicated or founded should be required to present to the State department a strategy for corrective action which is the most feasible given its operating realities.	"	Yes	

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VII C b. The institution's corrective strategy should always contain a component to ensure that there will be no repetition of the situation.	State Child Protective Services Specialist	Yes	
VII C c. The State Agency should review the institution's corrective strategy and suggest appropriate, additional corrective action.	"	Yes	
VII C d. If the State Agency and the subject institution are unable to reach an agreement regarding appropriate corrective action, the State Agency should initiate a conciliation process to resolve the matter.	"	Yes	
VII C e. To achieve conciliation, when it becomes necessary, the State Agency should convene an Advisory Board with representative membership of the community's leading citizens and professionals who demonstrate a strong concern for children. A three-member team should be selected from the Board to act as active conciliators.	"	No	Attempts to achieve conciliation handled by Economic and Social Service Office (ESSO). Special investigative staff. Size special investigative staff varies.
VII C f. The Advisory Board's conciliation team's recommendations should be reasonable under the <u>circumstances</u> and may be considered binding. The team's recommendations should be reinforced by State authority to the extent that failure of the institution to comply with the recommended corrective actions could result in the revocation of the institution's licensing to operate.	"	No	Do not have an advisory board--special investigative staff recommendation is binding.

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VII C g. The final corrective action strategy should be documented in a report and submitted to the State Agency for final review. In instances where the institutional abuse and neglect was founded, both the report on investigative results and the report on corrective action should be considered as public documents.	State Child Protective Services Specialist	Yes	
VII D a. States and communities should develop programs and materials to: (1) enhance public awareness of institutional child abuse and neglect;	"	Yes	
VII D a. States and communities should develop programs and materials to: (2) stimulate citizen participation in planning appropriate residential services for children. These public awareness efforts should address such things as: the situations which foster institutional child abuse and neglect; what is being or could be done to correct these situations; and the manner in which citizens and families can help children who have to live in institutions.	"	Yes	
VII D b. The State Agency should establish a Review Board to Prevent Institutional Child Abuse and Neglect.	"	No	No preventive Review Board established.
VII D c. The Review Board should develop State standards for child care in institutions, foster homes, group homes, and other residential settings.	"	No	Lack Review Board.

GUIDELINE IDENTIFICATION/GUIDELINE	SOURCE	CONFORM/ NOT CONFORM	SPECIFY IN WHAT WAYS NOT CONFORM
VII D d. The Review Board should designate a team of people, i.e., selected members of the Board, to assess the conditions and quality of all institutions in which children are placed. All categories of institutions should be regularly audited in terms of the State's basic standards for child care and in terms of the institutions' fiscal policies and procedures. This should include on-site, unannounced audits of a specified number of facilities each year (including a random selection of foster homes).	State Child Protective Services Specialist	No	Lack Review Board and fiscal expenditures.
VII D e. The on-site, unannounced audits should focus on a review and evaluation of such things as: (1) the range and quality of services available to the children (food, clothing, living conditions, etc.) as these relate to the State's basic standards of residential child care;	"	Yes	
VII D e. The on-site, unannounced audits should focus on a review and evaluation of such things as: (2) the institution's policies on child management, child development and treatment;	"	Yes	
VII D e. The on-site, unannounced audits should focus on a review and evaluation of such things as: (3) the institution's fiscal priorities, including the review of all purchase-of-service agreements, to ensure that spending for the children's needs (clothing, living quarters, service needs, etc.) take priority over capital expenditures intended for administrative use only;	"	No	Fiscal matters are too complex.

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VII D e. The on-site, unannounced audits should focus on a review and evaluation of such things as: (4) number and qualifications of staff; staff selection, screening, performance evaluation, and staff rotation policies and procedures; staff supervision; and staff in-service training opportunities.	State Child Protective Services Specialist	Yes	
VII D f. Each on-site institutional audit should be documented in a report and submitted to the State Agency and to the subject institution. The report should, as appropriate, contain recommendations for corrective action. (See Standard VII C for information on corrective action approaches.)	"	Yes	
VII D g. To further prevent institutional child abuse and neglect, each local institution should be required to establish an internal Staff Council which would do such things as: (1) develop internal reporting procedures for incidents of known or suspected child abuse and neglect;	"	No	Council is invited but not required. Staff council called at point of suspension.
VII D g. To further prevent institutional child abuse and neglect, each local institution should be required to establish an internal Staff Council which would do such things as: (2) accept reports of child abuse and neglect and make an official report to the State Agency via the State-wide, toll-free telephone number;	"	No	Staff council called at point of suspension.

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GUIDELINE IDENTIFICATION/GUIDELINE	SOURCE	CONFORM/ NOT CONFORM	SPECIFY IN WHAT WAYS NOT CONFORM
VII D g. To further prevent institutional child abuse and neglect, each local institution should be required to establish an internal Staff Council which would do such things as: (3) perform internal assessments of policies, programs, facilities and services, and perform investigations of any reports of suspected child abuse and neglect;	State Child Protective Services Specialist	No	Staff council called at point of suspension.
VII D g. To further prevent institutional child abuse and neglect, each local institution should be required to establish an internal Staff Council which would do such things as: (4) promote staff involvement in evaluating the functioning of the institution and its personnel, and in determining staff training needs;	"	No	Staff council called at point of suspension.
VII D g. To further prevent institutional child abuse and neglect, each local institution should be required to establish an internal Staff Council which would do such things as: (5) inform families of their rights and provide them with an avenue of redress if their own plans for their children are in conflict with those of the institution or the children or both.	"	No	Staff council called at point of suspension.

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GUIDELINE IDENTIFICATION/GUIDELINE	SOURCE	CONFORM/ NOT CONFORM	SPECIFY IN WHAT WAYS NOT CONFORM
VIII A a. Formal child protective court action should be commenced only when the child protective service or other authorized agency finds that the best interests of the child require court action because: (1) the parents, guardian or other person responsible for the child's welfare refuse an appropriate offer of services;	**RCW 74.13.031 (2)	Yes	
VIII A a. Formal child protective court action should be commenced only when the child protective service or other authorized agency finds that the best interests of the child require court action because: (2) the case is of a sufficiently serious nature to require the child's removal from the home or other treatment service, and the parents do not voluntarily consent;	"	Yes	
VIII A a. Formal child protective court action should be commenced only when the child protective service or other authorized agency finds that the best interests of the child require court action because: (3) <u>other similarly serious reason.</u>	"	Yes	
VIII A b. Child abuse and neglect should not be criminally prosecuted except in grave and urgent circumstances where criminal sanctions are necessary.	Prosecuting Attorney	No	If there is legally sufficient evidence to prosecute a case it will be filed.
VIII A c. The Court should adopt or approve procedures to ensure that all cases are adequately screened by the local child protective service or a social service agency prior to the filling of a petition. The procedures should include: (1) the provision of an adjustment process for every case not referred by the child protective service;	RCW 13.04.056 13.04.060	Yes	

**RCW = Revised Code of Washington

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VIII A c. The Court should adopt or approve procedures to ensure that all cases are adequately screened by the local child protective service or a social service agency prior to the filling of a petition. The procedures should include: (2) the designation of an agency to conduct adjustment conferences;	RCW 13.04.056 13.04.060	Yes	
VIII A c. The Court should adopt or approve procedures to ensure that all cases are adequately screened by the local child protective service or a social service agency prior to the filling of a petition. The procedures should include: (3) the establishment of a maximum time period beyond which the adjustment process could not continue without express judicial approval.	"	Yes	
VIII A d. The probation service should perform social work only under Court direction, including adjustment, investigation and supervision.	RCW 13.04.040	Yes	
VIII A e. A special attorney or staff of attorneys should file and present child protective cases; all other persons and organizations should be barred from filing or presenting petitions <u>without prior court authorization</u> .	RCW 13.04.060	No	Any person may file a petition.
VIII A e. (1) The attorney(s) should have the power either to file a petition, refuse presentment, or request additional investigation.	"	No	Any person may file a petition.

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VIII A e. (2) Presentment attorneys should have the responsibility to prepare petitions, prosecute the adjudicatory hearing, and suggest dispositional alternatives.	RCW 13.04.060	No	Any person may file a petition.
VIII A f. If the presentment attorney(s) refuses to file a case, the complainant should be able to gain access to a court for an evaluation of a request.	*WAC 388-16-512	Yes	
VIII A g. The petition or complaint alleging abuse or neglect should be verified and sufficiently specific to inform the parents or other respondent of the facts constituting the protective action, and to allow them to prepare intelligently for the adjudicatory hearing.	RCW 13.04.053 13.04.070	Yes	
VIII A h. The natural parents should receive notice of a protective case proceeding, unless their parental rights have been permanently terminated. Notice should take the form of personal service or mail. Substitute service or publication should not be used unless reasonable efforts to effect personal service have failed.	State Child Protective Services Specialist	Yes	
VIII A i. If the agency filing the case cannot locate the parents and serve personal notice after a good faith effort, the case should proceed upon a showing on the record that a good faith effort was made.	RCW 13.04.070 13.04.080	Yes	

*WAC = Washington Administrative Code

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VIII B a. Unless independent legal counsel is available to the child, the Court should appoint counsel to represent the child at public expense.	RCW 13.04.070 26.44.053	Yes	
VIII B b. Any attorney representing the child should also serve as the child's guardian ad litem unless a separate guardian ad litem has been appointed by the appropriate Court.	RCW 26.44.053	Yes	
VIII B c. The attorney for the child should protect the child's rights by participating fully in preliminary hearings, the adjudicatory hearing, dispositional, the post-disposition reviews, and <u>all other stages of the proceedings.</u>	Attorney General	No	But guardian ad litem protects the child's rights throughout--he may or may not be appointed by an attorney.
VIII C a. Unless the subject parents, guardian or other person responsible for the child's welfare are financially able to retain private counsel, an attorney should be appointed at public expense.	Juvenile Court Rules III	Yes	
VIII C b. The attorney should defend vigorously his client's rights and, where appropriate, insure that there is admissible proof of the allegations of abuse and neglect.	Prosecuting Attorney	Yes	

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GUIDELINE IDENTIFICATION/GUIDELINE	SOURCE	CONFORM/ NOT CONFORM	SPECIFY IN WHAT WAYS NOT CONFORM
VIII D a. Legal counsel should be provided by the local civil law officer such as the county attorney or city corporation counsel, or independent counsel, or legal staff of the local department of social services.	Local CPS Supervisor	Yes	
VIII D b. Legal counsel should seek to protect the interests of the child without regard to the convenience of the agency.	"	Yes	
VIII E a. A verbatim record of all Court hearings should be prepared by a Court reporter or electronic technique capable of providing a full transcript.	RCW 13.04.091	Yes	
VIII E b. Protective Court proceedings should be closed to the public, except when an opening hearing is requested by the parents and counsel for the child and the court finds a public hearing will not be contrary to the interests of the child; however, representatives of news media, interested public and private agencies and bona fide research organizations should be permitted to attend hearings without the consent of the parties, provided such representatives agree to protect the parties' identity.	"	Yes	
VIII E c. All Court records should be confidential and should be available only to the parties, an agency to which custody of the child has been awarded, a Court, or a person engaged in bona fide research purposes, except when public access is requested by the parents and counsel for the child.	RCW 13.04.230	Yes	

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GUIDELINE IDENTIFICATION/GUIDELINE	SOURCE	CONFORM, NOT CONFORM	SPECIFY IN WHAT WAYS NOT CONFORM
VIII E d. Normally, a child over the age of seven years should be present at every stage of the proceedings, including preliminary and adjudicatory hearings, unless his attorney or guardian ad litem waives his presence or the Court specifically finds, after hearing evidence, that the child's continued presence would cause substantial harm to him.	County Probation Officer	Yes	
VIII E e. Normally, a child under the age of seven years should be excluded from the proceedings with the consent of his attorney or guardian ad litem or upon a Court finding of probable harm.	"	Yes	
VIII E f. Where practical, an individual judge should be assigned a child protective case at filing or at the preliminary hearing and determine all issues from preliminary motions through post-dispositional procedures.	"	No	Judges are all on a rotation system--whenever a case is ready to be heard, the presiding judge takes it.
VIII E g. If assigned, a referee should hear and determine all preliminary issues, but not fact-finding and dispositions.	"	No	No such thing as a referee.
VIII F a. At any time prior to or subsequent to the filing of a petition, any party should be able to apply to the Court for an order placing the child in protective custody without the consent of the parents or guardian, if there is reason to believe that there exists an imminent danger to the child's life or health.	RCW 13.04.120	Yes	

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VIII F b. The presence of the parents or guardians should be required if there is adequate time for them to receive notice and such notice will not jeopardize the child's life or health.	RCW 13.04.070 13.04.120	Yes	
VIII F c. (1) If not present, the parents or guardian should be immediately served with the court order authorizing protective custody, notice of the date, time and place of the court hearing and the child's location or place where the child will be housed.	RCW 13.04.070	Yes	
VIII F c. (2) The parents or guardian should also be advised of their right to consult legal counsel, and, if appropriate, the right to be assigned counsel by the Court.	"	Yes	
VIII F d. When a child has been placed in protective custody, a Court hearing should be held within 72 hours.	RCW 13.04.053 Juvenile Court Rules 111	Yes	
VIII F e. Temporary protective custody should preferably be awarded to a suitable person related to the child; if a suitable related person is unavailable the child should be placed in a foster or group home. A child should be temporarily placed in an institution only until a related person, a foster home or a group home is available.	RCW 13.04.095 DSHS Manual G 62.28	No	The court always prefers to place the child in a neutral setting, i.e., receiving home rather than with a relative.

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GUIDELINE IDENTIFICATION/GUIDELINE	SOURCE	CONFORM/ NOT CONFORM	SPECIFY IN WHAT WAYS NOT CONFORM
VIII F f. The Court should order a timely investigation of a home which may be designated for protective custody.	County Probation Officer	Yes	
VIII G a. Normally, the adjudicatory hearing should be held and completed within sixty days following filing of a petition.	Juvenile Court Rules III	Yes	
VIII G b. Whenever a child has been placed in protective custody, the adjudicatory hearing should be held as soon as feasible, ordinarily within thirty days.	RCW 13.04.053	Yes	
VIII G c. Whenever a case is adjourned, the Court should evaluate the status of the child and, when appropriate, enter or amend preliminary protective orders.	RCW 13.04.100 13.04.110	Yes	
VIII G d. Privileges attaching to confidential communications between husband and wife and any professional person and his patient, except that between attorney and client, should be <u>inoperative during child protection hearings.</u>	RCW 26.44.060	Yes	
VIII G e. Clear and convincing proof (<u>more than a preponderance but less than beyond a reasonable doubt</u>) should be required to substantiate a finding of neglect or abuse.	WAC 388-16-512 RCW 26.44.053	Yes	

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GUIDELINE IDENTIFICATION/GUIDELINE	SOURCE	CONFORM/ NOT CONFORM	SPECIFY IN WHAT WAYS NOT CONFORM
VIII G f. Proof of injuries of such a nature as would ordinarily not exist except by reason of the acts or omission of the parent should constitute <u>prima facie</u> evidence.	Attorney General	Yes	
VIII G g. The parents and the attorney for the child should have the right to confront and cross-examine witnesses, and to present evidence at preliminary and adjudicatory hearings.	Attorney General	No	But, however, only at the fact-finding hearing--at the preliminary hearing there is no live testimony, no cross examination, etc.
VIII G h. Only legally competent, material, and relevant evidence should be admissible at the adjudicatory hearing.	"	Yes	
VIII G i. The child should be a witness only if his testimony may be necessary; if such testimony is necessary, the Court should protect the child. The child should not be subjected to repeated or extremely sharp examination.	Prosecuting Attorney	Yes	
VIII G j. Any writing, record, photograph, or x-ray relating to a child in a protective case and made in the regular course of business by a hospital or public or private agency, including the child protective service, should be admissible at preliminary and adjudicatory hearings.	Attorney General	Yes	

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GUIDELINE IDENTIFICATION/GUIDELINE	SOURCE	CONFORM/ NO! CONFORM	SPECIFY IN WHAT WAYS NOT CONFORM
VIII G k. Previous statements made by the child relating to abuse or neglect should be admissible at preliminary and adjudicatory hearings, except that the statements alone should not constitute a <u>prima facie</u> case.	Attorney General	Yes	
VIII H a. The dispositional hearing and issuance of a dispositional order should be completed as soon as feasible, normally within sixty days following a finding.	Juvenile Court Rules III	Yes	
VIII H b. When necessary, the Court should order appropriate social work, psychological or psychiatric examinations and evaluations, to be prepared by an independent party or agency.	RCW 26.44.053	Yes	
VIII H c. All reports submitted to the Court should be made available to the child's attorney and counsel for the adults, subject to deletions after <u>in camera</u> study of confidential sources or statements containing harmful or detrimental information.	Juvenile Court Rules III Attorney General	Yes	
VIII H d. All material and relevant evidence, including hearsay, should be admissible at the dispositional hearing.	Attorney General	Yes	
VIII H e. The parents and the child's attorney should have the right to present evidence and to confront and cross-examine witnesses at the dispositional hearing.		Yes	

GUIDELINE IDENTIFICATION/GUIDELINE	SOURCE	CONFORM/ NOT CONFORM	SPECIFY IN WHAT WAYS NOT CONFORM
VIII H f. Specific written findings of fact upon which the dispositional order is predicated should be made a part of the record.	County Probation Officer	Yes	
VIII I a. Whenever possible, the dispositional order should include family supportive and protective provisions, without removal of the child from his natural home.	"	Yes	
VIII I b. If removal of the child is necessary, placement should preferably be with a suitable relative or, secondarily, in a suitable foster home.	"	No	There is no hierarchical system whereby the court first attempts to place the child with a relative, failing that will look for a foster home.
VIII I c. The child should not be placed in an institution unless other dispositional alternatives are unavailable or unsuitable.	RCW 13.04.140	Yes	
VIII I d. A full hearing should be conducted to determine if the proposed program is the best one available for the child. Determination of where a child will be placed should be based on a comprehensive professional assessment that includes the following components: (1) through understanding of the child's personality and development needs determined through at least one in-person interview and as appropriate through current psychometric and other tests;	County Probation Officer	Yes	

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GUIDELINE IDENTIFICATION/GUIDELINE	SOURCE	CONFORM/ NOT CONFORM	SPECIFY IN WHAT WAYS NOT CONFORM
VIII I d. A full hearing should be conducted to determine if the proposed program is the best one available for the child. Determination of where a child will be placed should be based on a comprehensive professional assessment that includes the following components: (2) through understanding of the child's family relationships, the family's current situation, and the existence of siblings who must also be placed;	County Probation Officer	Yes	
VIII I d. A full hearing should be conducted to determine if the proposed program is the best one available for the child. Determination of where a child will be placed should be based on a comprehensive professional assessment that includes the following components: (3) knowledge of available placement services and facilities so that the one selected will be responsive to the child's unique capacities, needs, interests, and rights, and thus approximate positive home life;	"	Yes	
VIII I d. A full hearing should be conducted to determine if the proposed program is the best one available for the child. Determination of where a child will be placed should be based on a comprehensive professional assessment that includes the following components: (4) the placement should be the least restrictive environment possible in every sense to encourage the youngster's freedom of movement, thought, and individuality;	"	Yes	

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GUIDELINE IDENTIFICATION/GUIDELINE	SOURCE	CONFORM/ NOT CONFORM	SPECIFY IN WHAT WAYS NOT CONFORM
VIII I d. A full hearing should be conducted to determine if the proposed program is the best one available for the child. Determination of where a child will be placed should be based on a comprehensive professional assessment that includes the following components: (5) children should not be removed from their communities and placed at great distances from their homes and families. The facility selected should be geographically accessible in order to facilitate visitation by the parents.	County Probation Officer	Yes	
VIII I e. Commitment should be for a limited period.	RCW 13.04.100	No	Commitment may be temporary or permanent on the discretion of the court.
VIII I f. The institution should develop and implement, at placement, a specific individualized Treatment Plan for each child. The plan should be coordinated to the extent feasible with the family's treatment plan so that the overall needs and timing of treatment can be regularly reviewed and assessed. And the child should be involved in development of the plan and decisions concerning him as fully as possible.	DSHS Manual G 62.66/62.70/62.72	Yes	
VIII I g. The plan should be formalized and should include specific short-term and long-term goals related to at least the following areas: (1) medical and dental needs;	DSHS Manual G 62.177/62.140/ 62.168	Yes	
VIII I g. The plan should be formalized and should include specific short-term and long-term goals related to at least the following areas: (2) education and remediation;	"	Yes	

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GUIDELINE IDENTIFICATION/GUIDELINE	SOURCE	CONFORM/ NOT CONFORM	SPECIFY IN WHAT WAYS NOT CONFORM
VIII I g. The plan should be formalized and should include specific short-term and long-term goals related to at least the following areas: (3) psycho-therapeutic needs;	DSHS Manual G 62.177/62.140/ 62.168	Yes	
VIII I g. The plan should be formalized and should include specific short-term and long-term goals related to at least the following areas: (4) social skills and recreation;	"	Yes	
VIII I g. The plan should be formalized and should include specific short-term and long-term goals related to at least the following areas: (5) family involvement.	"	Yes	
VIII I h. In all cases where a child was placed in an institution as a result of an incident of child abuse and neglect, a copy of the Treatment Plan should be given to the local agency for subsequent transmission to the Central Register.	DSHS Manual G 62.177	Yes	
VIII I i. The child's progress and the effectiveness of treatment should be reviewed regularly by the institution and by the child protective caseworker assigned to monitor the family's treatment. This review should include an assessment of whether or not the child can be returned to his family.	DSHS Manual G 62.66	Yes	

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GUIDELINE IDENTIFICATION/GUIDELINE	SOURCE	CONFORM/ NOT CONFORM	SPECIFY IN WHAT WAYS NOT CONFORM
VIII J a. The child protective service, probation service, agency awarded custody or guardianship of the child or other authorized person should commence a court proceeding for the enforcement of a disposition order whenever there is a <u>substantial violation by the parent</u> or other person or agency responsible for the care of the child.	DSHS Manual H 54.20	Yes	
VIII J b. In framing an appropriate remedy for violation the Court should, whenever possible, impose sanctions which do not result in removal of the child from his home or otherwise harm him merely to punish or control parental conduct.	Attorney General	Yes	
VIII J c. Orders placing a child outside his natural home should be reviewed after six months, after one year, and at least <u>every year</u> thereafter, with provision for earlier review upon motion by the Court, the child's attorney or the parents.	DSHS Manual G 62.72	Yes	
VIII J c. (1) If, in 18 months, it has not been possible to return a child to his family, a special review of the case should be made by the institution staff and local child protective agency.	"	Yes	
VIII J c. (2) The primary focus of the review should be a determination of whether adoption or permanent foster care should be pursued.	"	Yes	

GUIDELINE IDENTIFICATION/GUIDELINE	SOURCE	CONFORM/ NOT CONFORM	SPECIFY IN WHAT WAYS NOT CONFORM
VIII J d. Post-dispositional review should consist of a full hearing with counsel assigned to parents and the child; with each party having the right to present evidence and cross-examine witnesses.	County Probation Officer	Yes	
VIII K a. All parties should be apprised of their appeal rights at the conclusion of the dispositional hearing.	Attorney General	Yes	
VIII K b. Indigent persons should be assigned an attorney on appeal and provided with the necessary transcript.	"	Yes	

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GUIDELINE IDENTIFICATION/GUIDELINE	SOURCE	CONFORM/ NOT CONFORM	SPECIFY IN WHAT WAYS NOT CONFORM
VIII A a. Formal child protective court action should be commenced only when the child protective service or other authorized agency finds that the best interests of the child require court action because: (1) the parents, guardian or other person responsible for the child's welfare refuse an appropriate offer of services;	**RCW 74.13.031	Yes	
VIII A a. Formal child protective court action should be commenced only when the child protective service or other authorized agency finds that the best interests of the child require court action because: (2) the case is of a sufficiently serious nature to require the child's removal from the home or other treatment service, and the parents do not voluntarily consent;	"	Yes	
VIII A a. Formal child protective court action should be commenced only when the child protective service or other authorized agency finds that the best interests of the child require court action because: (3) <u>other similarly serious reason.</u>	"	Yes	
VIII A b. Child abuse and neglect should not be criminally prosecuted except in grave and urgent circumstances where criminal sanctions are necessary.	County Probation Supervisor	Yes	
VIII A c. The Court should adopt or approve procedures to ensure that all cases are adequately screened by the local child protective service or a social service agency prior to the filing of a petition. The procedures should include: (1) the provision of an adjustment process for every case not referred by the child protective service;	RCW 13.04.056	Yes	

**RCW = Revised Code of Washington

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GUIDELINE IDENTIFICATION/GUIDELINE	SOURCE	CONFORM/ NOT CONFORM	SPECIFY IN WHAT WAYS NOT CONFORM
VIII A c. The Court should adopt or approve procedures to ensure that all cases are adequately screened by the local child protective service or a social service agency prior to the filing of a petition. The procedures should include: (2) the designation of an agency to conduct adjustment conferences;	RCW 13.04.056	Yes	
VIII A c. The Court should adopt or approve procedures to ensure that all cases are adequately screened by the local child protective service or a social service agency prior to the filing of a petition. The procedures should include: (3) the establishment of a maximum time period beyond which the adjustment process could not continue without express judicial approval.	"	Yes	
VIII A d. The probation service should perform social work only under Court direction, including adjustment, investigation and supervision.	RCW 13.04.040	Yes	
VIII A e. A special attorney or staff of attorneys should file and present child protective cases; all other persons and organizations should be barred from filing or presenting petitions <u>without prior court authorization</u> .	RCW 13.04.060	No	Any one may file.
VIII A e. (1) The attorney(s) should have the power either to file a petition, refuse presentment, or request additional investigation.	"	No	Any one may file.

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GUIDELINE IDENTIFICATION/GUIDELINE	SOURCE	CONFORM/ NOT CONFORM	SPECIFY IN WHAT WAYS NOT CONFORM
VIII A e. (2) Presentment attorneys should have the responsibility to prepare petitions, prosecute the adjudicatory hearing, and suggest dispositional alternatives.	RCW 13.04.060	No	Any one may file.
VIII A f. If the presentment attorney(s) refuses to file a case, the complainant should be able to gain access to a court for an evaluation of a request.	*WAC 388-16-512	Yes	
VIII A g. The petition or complaint alleging abuse or neglect should be verified and sufficiently specific to inform the parents or other respondent of the facts constituting the protective action, and to allow them to prepare intelligently for the adjudicatory hearing.	RCW 13.04.053	Yes	
VIII A h. The natural parents should receive notice of a protective case proceeding, unless their parental rights have been permanently terminated. Notice should take the form of personal service or mail. Substitute service or publication should not be used unless reasonable efforts to effect personal service have failed.	State Child Protective Services Specialist	Yes	
VIII A i. If the agency filing the case cannot locate the parents and serve personal notice after a good faith effort, the case should proceed upon a showing on the record that a good faith effort was made.	RCW 13.04.070	Yes	
			*WAC = Washington Administrative Code

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GUIDELINE IDENTIFICATION/GUIDELINE	SOURCE	CONFORM/ NOT CONFORM	SPECIFY IN WHAT WAYS NOT CONFORM
VIII B a. Unless independent legal counsel is available to the child, the Court should appoint counsel to represent the child at public expense.	RCW 13.04.070	Yes	
VIII B b. Any attorney representing the child should also serve as the child's guardian ad litem unless a separate guardian ad litem has been appointed by the appropriate Court.	RCW 26.44.053	Yes	
VIII B c. The attorney for the child should protect the child's rights by participating fully in preliminary hearings, the adjudicatory hearing, dispositional, the post-disposition reviews, and <u>all other stages of the proceedings.</u>	County Probation Supervisor	Yes	
VIII C a. Unless the subject parents, guardian or other person responsible for the child's welfare are financially able to retain private counsel, an attorney should be appointed at public expense.	"	Yes	
VIII C b. The attorney should defend vigorously his client's rights and, where appropriate, insure that there is admissible proof of the allegations of abuse and neglect.	"	Yes	

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GUIDELINE IDENTIFICATION/GUIDELINE	SOURCE	CONFORM/ NOT CONFORM	SPECIFY IN WHAT WAYS NOT CONFORM
VIII D a. Legal counsel should be provided by the local civil law officer such as the county attorney or city corporation counsel, or independent counsel, or legal staff of the local department of social services.	Local CPS Supervisor	Yes	
VIII D b. Legal counsel should seek to protect the interests of the child without regard to the convenience of the agency.	"	Yes	
VIII E a. A verbatim record of all Court hearings should be prepared by a Court reporter or electronic technique capable of providing a full transcript.	RCW 13.04.091	Yes	
VIII E b. Protective Court proceedings should be closed to the public, except when an opening hearing is requested by the parents and counsel for the child and the court finds a public hearing will not be contrary to the interests of the child; however, representatives of news media, interested public and private agencies and bona fide research organizations should be permitted to attend hearings without the consent of the parties, provided such representatives agree to protect the parties' identity.	RCW 13.04.091	Yes	
VIII E c. All Court records should be confidential and should be available only to the parties, an agency to which custody of the child has been awarded, a Court, or a person engaged in bona fide research purposes, except when public access is requested by the parents and counsel for the child.	RCW 13.04.230	Yes	

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GUIDELINE IDENTIFICATION/GUIDELINE	SOURCE	CONFORM/ NOT CONFORM	SPECIFY IN WHAT WAYS NOT CONFORM
VIII E d. Normally, a child over the age of seven years should be present at every stage of the proceedings, including preliminary and adjudicatory hearings, unless his attorney or guardian ad litem waives his presence or the Court specifically finds, after hearing evidence, that the child's continued presence would cause substantial harm to him.	County Probation Supervisor	No	Children are allowed in court only if they are 12 or older.
VIII E e. Normally, a child under the age of seven years should be excluded from the proceedings with the consent of his attorney or guardian ad litem or upon a Court finding of probable harm.	"	Yes	
VIII E f. Where practical, an individual judge should be assigned a child protective case at filing or at the preliminary hearing and determine all issues from preliminary motions through post-dispositional procedures.	"	Yes	
VIII E g. If assigned, a referee should hear and determine all preliminary issues, but not fact-finding and dispositions.	"	No	There are no referees.
VIII F a. At any time prior to or subsequent to the filing of a petition, any party should be able to apply to the Court for an order placing the child in protective custody without the consent of the parents or guardian, if there is reason to believe that there exists an imminent danger to the child's life or health.	RCW 13.04.120	Yes	

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VIII F b. The presence of the parents or guardians should be required if there is adequate time for them to receive notice and such notice will not jeopardize the child's life or health.	RCW 13.04.070	Yes	
VIII F c. (1) If not present, the parents or guardian should be immediately served with the court order authorizing protective custody, notice of the date, time and place of the court hearing and the child's location or place where the child will be housed.	"	Yes	
VIII F c. (2) The parents or guardian should also be advised of their right to consult legal counsel, and, if appropriate, the right to be assigned counsel by the Court.	"	Yes	
VIII F d. When a child has been placed in protective custody, a Court hearing should be held within 72 hours.	County Probation Supervisor	Yes	
VIII F e. Temporary protective custody should preferably be awarded to a suitable person related to the child; if a suitable related person is unavailable the child should be placed in a foster or group home. A child should be temporarily placed in an institution only until a related person, a foster home or a group home is available.	"	Yes	

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VIII F f. The Court should order a timely investigation of a home which may be designated for protective custody.	County Probation Supervisor	No	Mandated responsibility of CPS.
VIII G a. Normally, the adjudicatory hearing should be held and completed within sixty days following filing of a petition.	"	Yes	
VIII G b. Whenever a child has been placed in protective custody, the adjudicatory hearing should be held as soon as feasible, ordinarily within thirty days.	RCW 13.04.053	Yes	
VIII G c. Whenever a case is adjourned, the Court should evaluate the status of the child and, when appropriate, enter or amend preliminary protective orders.	RCW 13.04.100	Yes	
VIII G d. Privileges attaching to confidential communications between husband and wife and any professional person and his patient, except that between attorney and client, should be <u>inoperative during child protection hearings.</u>	RCW 26.44.060	Yes	
VIII G e. Clear and convincing proof (<u>more than a preponderance but less than beyond a reasonable doubt</u>) should be required to substantiate a finding of neglect or abuse.	WAC 388-16-51	Yes	

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VIII G f. Proof of injuries of such a nature as would ordinarily not exist except by reason of the acts or omissions of the parent should constitute <u>prima facie</u> evidence.	County Probation Supervisor	Yes	
VIII G g. The parents and the attorney for the child should have the right to confront and cross-examine witnesses, and to present evidence at preliminary and adjudicatory hearings.	"	Yes	
VIII G h. Only legally competent, material, and relevant evidence should be admissible at the adjudicatory hearing.	"	Yes	
VIII G i. The child should be a witness only if his testimony may be necessary; if such testimony is necessary, <u>the Court should protect the child</u> . The child should not be subjected to repeated or extremely sharp examination.	"	Yes	
VIII G j. Any writing, record, photograph, or x-ray relating to a child in a protective case and made in the regular course of business by a hospital or public or private agency, including the child protective service, should be admissible at preliminary and adjudicatory hearings.	"	Yes	

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VIII G k. Previous statements made by the child relating to abuse or neglect should be admissible at preliminary and adjudicatory hearings, except that the statements alone should not constitute a <u>prima facie</u> case.	County Probation Supervisor	Yes	
VIII H a. The dispositional hearing and issuance of a dispositional order should be completed <u>as soon as feasible, normally within sixty days following a finding.</u>	"	Yes	
VIII H b. When necessary, the Court should order appropriate social work, psychological or psychiatric examinations and evaluations, to be prepared by an independent party or agency.	RCW 26.44.053	Yes	
VIII H c. All reports submitted to the Court should be made available to the child's attorney and counsel for the adults, subject to deletions after <u>in camera</u> study of confidential sources or statements containing harmful or detrimental information.	County Probation Supervisor	Yes	
VIII H d. All material and relevant evidence, including hearsay, should be admissible at the dispositional hearing.	"	Yes	
VIII H e. The parents and the child's attorney should have the right to present evidence and to confront and cross-examine witnesses at the dispositional hearing.	"	Yes	

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VIII H f. Specific written findings of fact upon which the dispositional order is predicated should be made a part of the record.	County Probation Supervisor	Yes	
VIII I a. Whenever possible, the dispositional order should include family supportive and protective provisions, without removal of the child from his natural home.	"	Yes	
VIII I b. If removal of the child is necessary, placement should preferably be with a suitable relative or, secondarily, in a suitable foster home.	"	Yes	
VIII I c. The child should not be placed in an institution unless other dispositional alternatives are unavailable or unsuitable.	RCW 13.04.140	Yes	
VIII I d. A full hearing should be conducted to determine if the proposed program is the best one available for the child. Determination of where a child will be placed should be based on a comprehensive professional assessment that includes the following components: (1) through understanding of the child's personality and development needs determined through at least one in-person interview and as appropriate through current psychometric and other tests;	County Probation Supervisor	Yes	

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GUIDELINE IDENTIFICATION/GUIDELINE	SOURCE	CONFORM/ NOT CONFORM	SPECIFY IN WHAT WAYS NOT CONFORM
VIII I d. A full hearing should be conducted to determine if the proposed program is the best one available for the child. Determination of where a child will be placed should be based on a comprehensive professional assessment that includes the following components: (5) children should not be removed from their communities and placed at great distances from their homes and families. The facility selected should be geographically accessible in order to facilitate visitation by the parents.	County Probation Supervisor	Yes	
VIII I e. Commitment should be for a limited period.	RCW 13.04.100	No	Commitment may be temporary or permanent depending upon discretion of the court.
VIII I f. The institution should develop and implement, at placement, a specific individualized Treatment Plan for each child. The plan should be coordinated to the extent feasible with the family's treatment plan so that the overall needs and timing of treatment can be regularly reviewed and assessed. And the child should be involved in development of the plan and decisions concerning him as fully as possible.	County Probation Supervisor	Yes	
VIII I g. The plan should be formalized and should include specific short-term and long-term goals related to at least the following areas: (1) medical and dental needs;	DSHS Manual G 62.177	Yes	
VIII I g. The plan should be formalized and should include specific short-term and long-term goals related to at least the following areas: (2) education and remediation;	"	Yes	

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GUIDELINE IDENTIFICATION/GUIDELINE	SOURCE	CONFORM/ NOT CONFORM	SPECIFY IN WHAT WAYS NOT CONFORM
VIII I d. A full hearing should be conducted to determine if the proposed program is the best one available for the child. Determination of where a child will be placed should be based on a comprehensive professional assessment that includes the following components: (2) through understanding of the child's family relationships, the family's current situation, and the existence of siblings who must also be placed;	County Probation Supervisor	Yes	
VIII I d. A full hearing should be conducted to determine if the proposed program is the best one available for the child. Determination of where a child will be placed should be based on a comprehensive professional assessment that includes the following components: (3) knowledge of available placement services and facilities so that the one selected will be responsive to the child's unique capacities, needs, interests, and rights, and thus approximate positive home life;	"	Yes	
VIII I d. A full hearing should be conducted to determine if the proposed program is the best one available for the child. Determination of where a child will be placed should be based on a comprehensive professional assessment that includes the following components: (4) the placement should be the least restrictive environment possible in every sense to encourage the youngster's freedom of movement, thought, and individuality;	"	Yes	

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VIII I g. The plan should be formalized and should include specific short-term and long-term goals related to at least the following areas: (3) psycho-therapeutic needs;	DSHS Manual G 62.177	Yes	
VIII I g. The plan should be formalized and should include specific short-term and long-term goals related to at least the following areas: (4) social skills and recreation;	"	Yes	
VIII I g. The plan should be formalized and should include specific short-term and long-term goals related to at least the following areas: (5) family involvement.	"	Yes	
VIII I h. In all cases where a child was placed in an institution as a result of an incident of child abuse and neglect, a copy of the Treatment Plan should be given to the local agency for subsequent transmission to the Central Register.	"	No	Central Registry does not keep copy of the treatment plan.
VIII I i. The child's progress and the effectiveness of treatment should be reviewed regularly by the institution and by the child protective caseworker assigned to monitor the family's treatment. This review should include an assessment of whether or not the child can be returned to his family.	DSHS Manual G 62.72	Yes	

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GUIDELINE IDENTIFICATION/GUIDELINE	SOURCE	CONFORM/ NOT CONFORM	SPECIFY IN WHAT WAYS NOT CONFORM
VIII J a. The child protective service, probation service, agency awarded custody or guardianship of the child or other authorized person should commence a court proceeding for the enforcement of a disposition order whenever there is a <u>substantial violation by the parent</u> or other person or agency responsible for the care of the child.	DSHS Manual H 54.20	Yes	
VIII J b. In framing an appropriate remedy for violation the Court should, whenever possible, impose sanctions which do not result in removal of the child from his home or otherwise harm him merely to punish or control parental conduct.	County Probation Supervisor	Yes	
VIII J c. Orders placing a child outside his natural home should be reviewed after six months, after one year, and at least <u>every year</u> thereafter, with provision for earlier review upon motion by the Court, the child's attorney or the parents.	DSHS Manual G	Yes	
VIII J c. (1) If, in 18 months, it has not been possible to return a child to his family, a special review of the case should be made by the institution staff and local child protective agency.	DSHS Manual G	Yes	
VIII J c. (2) The primary focus of the review should be a determination of whether adoption or permanent foster care should be pursued.	DSHS Manual G	Yes	

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GUIDELINE IDENTIFICATION/GUIDELINE	SOURCE	CONFORM/ NOT CONFORM	SPECIFY IN WHAT WAYS NOT CONFORM
VIII J d. Post-dispositional review should consist of a full hearing with counsel assigned to parents and the child; with each party having the right to present evidence and cross-examine witnesses.	County Probation Supervisor	Yes	
VIII K a. All parties should be apprised of their appeal rights at the conclusion of the dispositional hearing.	"	Yes	
VIII K b. Indigent persons should be assigned an attorney on appeal and provided with the necessary transcript.	"	Yes	

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GUIDELINE IDENTIFICATION/GUIDELINE	SOURCE	CONFORM/ NOT CONFORM	SPECIFY IN WHAT WAYS NOT CONFORM
VIII A a. Formal child protective court action should be commenced only when the child protective service or other authorized agency finds that the best interests of the child require court action because: (1) the parents, guardian or other person responsible for the child's welfare refuse an appropriate offer of services;	**RCW 74.13.031	Yes	
VIII A a. Formal child protective court action should be commenced only when the child protective service or other authorized agency finds that the best interests of the child require court action because: (2) the case is of a sufficiently serious nature to require the child's removal from the home or other treatment service, and the parents do not voluntarily consent;	"	Yes	
VIII A a. Formal child protective court action should be commenced only when the child protective service or other authorized agency finds that the best interests of the child require court action because: (3) <u>other similarly serious reason.</u>	"	Yes	
VIII A b. Child abuse and neglect should not be criminally prosecuted except in grave and urgent circumstances where criminal sanctions are necessary.	County Probation Officer	Yes	
VIII A c. The Court should adopt or approve procedures to ensure that all cases are adequately screened by the local child protective service or a social service agency prior to the filling of a petition. The procedures should include: (1) the provision of an adjustment process for every case not referred by the child protective service;	RCW 13.04.056	Yes	

*RCW = Revised Code of Washington

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GUIDELINE IDENTIFICATION/GUIDELINE	SOURCE	CONFORM/ NOT CONFORM	SPECIFY IN WHAT WAYS NOT CONFORM
VIII A c. The Court should adopt or approve procedures to ensure that all cases are adequately screened by the local child protective service or a social service agency prior to the filling of a petition. The procedures should include: (2) the designation of an agency to conduct adjustment conferences;	RCW 13.04.056	Yes	
VIII A c. The Court should adopt or approve procedures to ensure that all cases are adequately screened by the local child protective service or a social service agency prior to the filling of a petition. The procedures should include: (3) the establishment of a maximum time period beyond which the adjustment process could not continue without express judicial approval.	"	Yes	
VIII A d. The probation service should perform social work only under Court direction, including adjustment, investigation and supervision.	RCW 13.04.040	Yes	
VIII A e. A special attorney or staff of attorneys should file and present child protective cases; all other persons and organizations should be barred from filing or presenting petitions <u>without prior court authorization</u> .	RCW 13.04.060	No	Attorney does not file.
VIII A e. (1) The attorney(s) should have the power either to file a petition, refuse presentment, or request additional investigation.	RCW 13.04.060	No	Attorney does not file.

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VIII A e. (2) Presentment attorneys should have the responsibility to prepare petitions, prosecute the adjudicatory hearing, and suggest dispositional alternatives.	RCW 13.04.060	No	Attorney does not file.
VIII A f. If the presentment attorney(s) refuses to file a case, the complainant should be able to gain access to a court for an evaluation of a request.	*WAC 388-16-512	Yes	
VIII A g. The petition or complaint alleging abuse or neglect should be verified and sufficiently specific to inform the parents or other respondent of the facts constituting the protective action, and to allow them to prepare intelligently for the adjudicatory hearing.	RCW 13.04.053	Yes	
VIII A h. The natural parents should receive notice of a protective case proceeding, unless their parental rights have been permanently terminated. Notice should take the form of personal service or mail. Substitute service or publication should not be used unless reasonable efforts to effect personal service have failed.	State Child Protective Services Specialist	Yes	
VIII A i. If the agency filing the case cannot locate the parents and serve personal notice after a good faith effort, the case should proceed upon a showing on the record that a good faith effort was made.	RCW 13.04.070	Yes	

*WAC = Washington Administrative Code

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GUIDELINE IDENTIFICATION/GUIDELINE	SOURCE	CONFORM/ NOT CONFORM	SPECIFY IN WHAT WAYS NOT CONFORM
VIII B a. Unless independent legal counsel is available to the child, the Court should appoint counsel to represent the child at public expense.	RCW 13.04.070	Yes	
VIII B b. Any attorney representing the child should also serve as the child's guardian ad litem unless a separate guardian ad litem has been appointed by the appropriate Court.	RCW 26.44.053		
VIII B c. The attorney for the child should protect the child's rights by participating fully in preliminary hearings, the adjudicatory hearing, dispositional, the post-disposition reviews, and <u>all other stages of the proceedings.</u>	County Probation Officer	Yes	
VIII C a. Unless the subject parents, guardian or other person responsible for the child's welfare are financially able to retain private counsel, an attorney should be appointed at public expense.	"	Yes	
VIII C b. The attorney should defend vigorously his client's rights and, where appropriate, insure that there is admissible proof of the allegations of abuse and neglect.	"	Yes	

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GUIDELINE IDENTIFICATION/GUIDELINE	SOURCE	CONFORM/ NOT CONFORM	SPECIFY IN WHAT WAYS NOT CONFORM
VIII D a. Legal counsel should be provided by the local civil law officer such as the county attorney or city corporation counsel, or independent counsel, or legal staff of the local department of social services.	Local DSHS Administrator	No	Only limited assistance of assistant attorney general--not represented in court by legal counsel.
VIII D b. Legal counsel should seek to protect the interests of the child without regard to the convenience of the agency.	"	Yes	
VIII E a. A verbatim record of all Court hearings should be prepared by a Court reporter or electronic technique capable of providing a full transcript.	RCW 13.04.091	Yes	
VIII E b. Protective Court proceedings should be closed to the public, except when an opening hearing is requested by the parents and counsel for the child and the court finds a public hearing will not be contrary to the interests of the child; however, representatives of news media, interested public and private agencies and bona fide research organizations should be permitted to attend hearings without the consent of the parties, provided such representatives agree to protect the parties' identity.	"	Yes	
VIII E c. All Court records should be confidential and should be available only to the parties, an agency to which custody of the child has been awarded, a Court, or a person engaged in bona fide research purposes, except when public access is requested by the parents and counsel for the child.	RCW 13.04.230	Yes	

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GUIDELINE IDENTIFICATION/GUIDELINE	SOURCE	CONFORM/ NOT CONFORM	SPECIFY IN WHAT WAYS NOT CONFORM
VIII E d. Normally, a child over the age of seven years should be present at every stage of the proceedings, including preliminary and adjudicatory hearings, unless his attorney or guardian ad litem waives his presence or the Court specifically finds, after hearing evidence, that the child's continued presence would cause substantial harm to him.	County Probation Officer	Yes	
VIII E e. Normally, a child under the age of seven years should be excluded from the proceedings with the consent of his attorney or guardian ad litem or upon a Court finding of probable harm.	"	Yes	
VIII E f. Where practical, an individual judge should be assigned a child protective case at filing or at the preliminary hearing and determine all issues from preliminary motions through post-dispositional procedures.	"	Yes	
VIII E g. If assigned, a referee should hear and determine all preliminary issues, but not fact-finding and dispositions.	"	No	No referees are assigned.
VIII F a. At any time prior to or subsequent to the filing of a petition, any party should be able to apply to the Court for an order placing the child in protective custody without the consent of the parents or guardian, if there is reason to believe that there exists an imminent danger to the child's life or health.	RCW 13.04.120	Yes	

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GUIDELINE IDENTIFICATION/GUIDELINE	SOURCE	CONFORM/ NOT CONFORM	SPECIFY IN WHAT WAYS NOT CONFORM
VIII F b. The presence of the parents or guardians should be required if there is adequate time for them to receive notice and such notice will not jeopardize the child's life or health.	RCW 13.04.070	Yes	
VIII F c. (1) If not present, the parents or guardian should be immediately served with the court order authorizing protective custody, notice of the date, time and place of the court hearing and the child's location or place where the child will be housed.	"	Yes	
VIII F c. (2) The parents or guardian should also be advised of their right to consult legal counsel, and, if appropriate, the right to be assigned counsel by the Court.	"	Yes	
VIII F d. When a child has been placed in protective custody, a Court hearing should be held within 72 hours.	County Probation Officer	No	Most children are sent out of the county for treatment and are not available within 72 hours.
VIII F e. Temporary protective custody should preferably be awarded to a suitable person related to the child; if a suitable related person is unavailable the child should be placed in a foster or group home. A child should be temporarily placed in an institution only until a related person, a foster home or a group home is available.	"	Yes	

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VIII F f. The Court should order a timely investigation of a home which may be designated for protective custody.	County Probation Officer	Yes	
VIII G a. Normally, the adjudicatory hearing should be held and completed within sixty days following filing of a petition.	"	Yes	
VIII G b. Whenever a child has been placed in protective custody, the adjudicatory hearing should be held as soon as feasible, ordinarily within thirty days.	RCW 13.04.053	Yes	
VIII G c. Whenever a case is adjourned, the Court should evaluate the status of the child and, when appropriate, enter or amend preliminary protective orders.	RCW 13.04.100	Yes	
VIII G d. Privileges attaching to confidential communications between husband and wife and any professional person and his patient, except that between attorney and client, should be <u>inoperative during child protection hearings.</u>	RCW 26.44.060	Yes	
VIII G e. Clear and convincing proof (<u>more than a preponderance but less than beyond a reasonable doubt</u>) should be required to substantiate a finding of neglect or abuse.	WAC 388-16-51	Yes	

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VIII G f. Proof of injuries of such a nature as would ordinarily not exist except by reason of the acts or omissions of the parent should constitute <u>prima facie</u> evidence.	County Probation Officer	Yes	
VIII G g. The parents and the attorney for the child should have the right to confront and cross-examine witnesses, and to present evidence at preliminary and adjudicatory hearings.	"	Yes	
VIII G h. Only legally competent, material, and relevant evidence should be admissible at the adjudicatory hearing.	"	Yes	
VIII G i. The child should be a witness only if his testimony may be necessary; if such testimony is necessary, <u>the Court should protect the child.</u> The child should not be subjected to repeated or extremely sharp examination.	"	Yes	
VIII G j. Any writing, record, photograph, or x-ray relating to a child in a protective case and made in the regular course of business by a hospital or public or private agency, including the child protective service, should be admissible at preliminary and adjudicatory hearings.	"	Yes	

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VIII G k. Previous statements made by the child relating to abuse or neglect should be admissible at preliminary and adjudicatory hearings, except that the statements alone should not constitute a <u>prima facie</u> case.	County Probation Officer	Yes	
VIII H a. The dispositional hearing and issuance of a dispositional order should be completed as soon as <u>feasible, normally within sixty days following a finding.</u>	"	Yes	
VIII H b. When necessary, the Court should order appropriate social work, psychological or psychiatric examinations and evaluations, to be prepared by an independent party or agency.	RCW 26.44.053	Yes	
VIII H c. All reports submitted to the Court should be made available to the child's attorney and counsel for the adults, subject to deletions after <u>in camera</u> study of confidential sources or statements containing harmful or detrimental information.	County Probation Officer	Yes	
VIII H d. All material and relevant evidence, including hearsay, should be admissible at the dispositional hearing.	"	Yes	
VIII H e. The parents and the child's attorney should have the right to present evidence and to confront and cross-examine witnesses at the dispositional hearing.	"	Yes	

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VIII H f. Specific written findings of fact upon which the dispositional order is predicated should be made a part of the record.	County Probation Officer	Yes	
VIII I a. Whenever possible, the dispositional order should include family supportive and protective provisions, without removal of the child from his natural home.	"	Yes	
VIII I b. If removal of the child is necessary, placement should preferably be with a suitable relative or, secondarily, in a suitable foster home.	"	Yes	
VIII I c. The child should not be placed in an institution unless other dispositional alternatives are unavailable or unsuitable.	RCW 13.04.140	Yes	
VIII I d. A full hearing should be conducted to determine if the proposed program is the best one available for the child. Determination of where a child will be placed should be based on a comprehensive professional assessment that includes the following components: (1) through understanding of the child's personality and development needs determined through at least one in-person interview and as appropriate through current psychometric and other tests;	County Probation Officer	Yes	

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VIII I d. A full hearing should be conducted to determine if the proposed program is the best one available for the child. Determination of where a child will be placed should be based on a comprehensive professional assessment that includes the following components: (2) through understanding of the child's family relationships, the family's current situation, and the existence of siblings who must also be placed;	County Probation Officer	Yes	
VIII I d. A full hearing should be conducted to determine if the proposed program is the best one available for the child. Determination of where a child will be placed should be based on a comprehensive professional assessment that includes the following components: (3) knowledge of available placement services and facilities so that the one selected will be responsive to the child's unique capacities, needs, interests, and rights, and thus approximate positive home life;	"	Yes	
VIII I d. A full hearing should be conducted to determine if the proposed program is the best one available for the child. Determination of where a child will be placed should be based on a comprehensive professional assessment that includes the following components: (4) the placement should be the least restrictive environment possible in every sense to encourage the youngster's freedom of movement, thought, and individuality;	"	Yes	

GUIDELINE IDENTIFICATION/GUIDELINE	SOURCE	CONFORM/ NOT CONFORM	SPECIFY IN WHAT WAYS NOT CONFORM
VIII I d. A full hearing should be conducted to determine if the proposed program is the best one available for the child. Determination of where a child will be placed should be based on a comprehensive professional assessment that includes the following components: (5) children should not be removed from their communities and placed at great distances from their homes and families. The facility selected should be geographically accessible in order to facilitate visitation by the parents.	County Probation Officer	Yes	
VIII I e. Commitment should be for a limited period.	RCW 13.04.100	No	Commitment may be temporary or permanent depending upon the discretion of the court.
VIII I f. The institution should develop and implement, at placement, a specific individualized Treatment Plan for each child. The plan should be coordinated to the extent feasible with the family's treatment plan so that the overall needs and timing of treatment can be regularly reviewed and assessed. And the child should be involved in development of the plan and decisions concerning him as fully as possible.	County Probation Officer	No	Child has never been institutionalized in Grant County.
VIII I g. The plan should be formalized and should include specific short-term and long-term goals related to at least the following areas: (1) medical and dental needs;	DSHS Manual G 62.77	Yes	
VIII I g. The plan should be formalized and should include specific short-term and long-term goals related to at least the following areas: (2) education and remediation;	"	Yes	

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VIII I g. The plan should be formalized and should include specific short-term and long-term goals related to at least the following areas: (3) psycho-therapeutic needs;	DSHS Manual G 62.77	Yes	
VIII I g. The plan should be formalized and should include specific short-term and long-term goals related to at least the following areas: (4) social skills and recreation;	"	Yes	
VIII I g. The plan should be formalized and should include specific short-term and long-term goals related to at least the following areas: (5) family involvement.	"	Yes	
VIII I h. In all cases where a child was placed in an institution as a result of an incident of child abuse and neglect, a copy of the Treatment Plan should be given to the local agency for subsequent transmission to the Central Register.	DSHS Manual G 62.77	No	The Central Registry does not keep information on treatment plans.
VIII I i. The child's progress and the effectiveness of treatment should be reviewed regularly by the institution and by the child protective caseworker assigned to monitor the family's treatment. This review should include an assessment of whether or not the child can be returned to his family.	DSHS Manual G 62.72	Yes	

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VIII J a. The child protective service, probation service, agency awarded custody or guardianship of the child or other authorized person should commence a court proceeding for the enforcement of a disposition order whenever there is a <u>substantial violation by the parent</u> or other person or agency responsible for the care of the child.	DSHS Manual H 54.20	Yes	
VIII J b. In framing an appropriate remedy for violation the Court should, whenever possible, impose sanctions which do not result in removal of the child from his home or otherwise harm him merely to punish or control parental conduct.	County Probation Officer	Yes	
VIII J c. Orders placing a child outside his natural home should be reviewed after six months, after one year, and at least <u>every year</u> thereafter, with provision for earlier review upon motion by the Court, the child's attorney or the parents.	DSHS Manual G 62.72	Yes	
VIII J c. (1) If, in 18 months, it has not been possible to return a child to his family, a special review of the case should be made by the institution staff and local child protective agency.	"	Yes	
VIII J c. (2) The primary focus of the review should be a determination of whether adoption or permanent foster care should be pursued.	"	Yes	

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VIII J d. Post-dispositional review should consist of a full hearing with counsel assigned to parents and the child; with each party having the right to present evidence and cross-examine witnesses.	County Probation Officer	No	Not a full hearing done every 4 months.
VIII K a. All parties should be apprised of their appeal rights at the conclusion of the dispositional hearing.	"	Yes	
VIII K b. Indigent persons should be assigned an attorney on appeal and provided with the necessary transcript.	"	Yes	